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SOME SPECIAL FEATURES OF DISTRICT NURSING

By ADA M. CARR

DISTRICT nursing in its general relation to the comfort and welfare of the sick poor has already been much written about and discussed; but even in district nursing there are perhaps some aspects that appeal more than others to the workers because they seem to be productive of more definite results and greater tangible good. It is only human to have a larger degree of satisfaction in taking hold of work where one's efforts can be gauged day by day by visible steps of improvement, instead of having a somewhat hopeless sense of daily endeavor with conditions comparatively unchanged.

Of all the diseases which the visiting nurse is called upon to battle with, perhaps the two which represent to her in a widely differing sense the possibility of achieving certain results are typhoid fever and phthisis, the one acute, where actual nursing, watchfulness, and practical care tell each day and week towards the final outcome, the other lingering, uncertain, needing untiring patience, resourcefulness, and sympathetic tact in the long struggle with prejudice and ignorance.

In the case of typhoid fever patients in their own homes, it is frequently a matter of great surprise to the nurse herself, especially if she be just from hospital, accustomed to rigid rules of baths and diet, how, with surroundings apparently the most unfavorable, and care, according to her standards, the most elementary, the patients still persist in accomplishing a most satisfactory convalescence. I have known nurses who, underneath all their pleasure in the successful issue,

have secretly cherished during their first experiences a sense of uneasy rebellion at this bewildering overthrow of all previous rules and theories. But speaking with all modesty, these excellent results are often in large measure the fruit of the daily care, and yet more of the daily instruction, of the visiting nurse. Given these two under the direction of the attending doctor, it has been, perhaps almost reluctantly, forced upon the observation of the nurses that patients with typhoid fever seem to do better in their own homes than in hospital wards under the most enlightened treatment and the latest details of medical skill and nursing care. Of course, there must be the intelligent co-operation of the family; without some help from them the amount of care possible for a visiting nurse to give would certainly be insufficient, and in such cases the patient would, of course, be much more benefited by removal to a hospital. But it is remarkable how often this co-operation can be secured, and how readily mothers, sisters, and, indeed, fathers and brothers, who until the advent of the nurse have been hopelessly ignorant of the very first principles of intelligent care, learn what and—equally important—what not to do.

The cold or ice sponges, the care of the mouth, watching the temperature and pulse, and the regulation of the diet are all possible to teach a mother, older sister, or relative, while the daily visits, questions, and advice of the nurse keep things up to the mark. The sanitary conditions also are explained to the family as being of the utmost importance, and much good to the general community as well as to the household by this alone can undoubtedly be accomplished in a quiet way.

To see order appear gradually in a household confused by sudden and severe illness, comfort and good care for the patient out of chaos and entirely misdirected good-will, is a most satisfactory reward for almost any amount of labor. To a busy doctor, with little time to spare in questionings and minute instructions, the knowledge that a competent nurse will undertake all these details is invaluable.

I know of an instance, and I am sure it is not an isolated one, where after a patient had been cared for by the district nurse, a case developed some time after in the family of a married sister who had helped to take care of the first. When the nurse arrived in response to a call everything was in readiness just as she had endeavored to teach on the former occasion, perfect order in the room, foot-tub with ice ready, even the simple mouth-wash prepared. Things seem worth while when lessons in home care, hitherto unheard of, can be made so fruitful.

These conditions are, unfortunately, not yet quite universal. The patient's friends are not always so eager for instruction or so amiably willing to take advice. Frequently the nurse must give most of the

actual care the patient receives almost unaided. The sponges morning and evening, the recording of the temperature and symptoms for the doctors, the strenuous endeavors to show the inadvisability of feeding the patient on solid food, providing fresh milk and eggs, all the many details of care, together with the supervision as far as possible of sanitary precautions and disinfecting, these constitute a daily struggle—fortunately, generally in the end successful. And in these instances the gain to the patient in comfort, together with the added possibilities given of recovery, are so immense that the nursing instinct responds with keenest pleasure.

It will be understood that we are speaking of conditions such as exist in a city like Baltimore, where the poorer people usually live in small homes or flats. In crowded tenements, with whole families perhaps making their home in one room, everyone would concur in thinking with the health authorities that, for the sake of the families in the tenement, the patients should be removed to hospitals.

From a nurse's point of view, at least, the reasons for this successful treatment of typhoid fever patients at home are, the freedom from the noise and confusion, the over-attention in some directions and too little in others that make up the unavoidable combination of hospital wards; added to this, the security of a sense of home life, of being among their own kin at a time when their familiar presence is most needed and desired.

Turning to the other class of patients, there are two ways in which the care given by the district nurse is of value; first, the help she may be to the patient. Phthisis is often so long drawn out, so wearying and uncertain, that friendly help may sometimes get discouraged and fail. But a nurse in her professional capacity cannot, if she would, be weary. It is part of her day's work to go on, however long-continued the disease, however discouraging the conditions. It is so evident what her skilled care and power of resource can do towards lessening the long physical discomfort, and what a mental stimulus the expectant cheer of the certainty of her interest and help can be to the patient, that it is not necessary to take up this side of the question.

It is her training and knowledge practically brought to bear upon the surroundings of the patient, bringing the most direct co-operation with all the measures found necessary and suggested by physicians and the Boards of Health, that make the help of the district nurse so really important in the endeavor to limit tuberculosis by sanitation. It is impossible to lay too great stress on the value the nurse's work in this direction may have, carried on quietly, insistently, day by day, month by month. Comparatively few of these patients have a regular medical

attendant, so the suggestion of daily care falls directly upon the nurse,—the gradual introduction of fresh air and sunlight with its direct disinfectant action, the providing of sputum-cups with careful supervision as to their proper use. Of course, such things will occasionally happen as that the paper fillers of the cup are carefully emptied into a bucket in the yard, *then* burned, but that is a little misunderstanding of theory easily corrected when discovered. There is the care of the rooms; the sweeping, and the use of damp cloths for wiping the furniture; the supervision of the dishes used and their isolation as far as practicable. These details are often very difficult and sometimes quite impossible to impress upon the family. Realizing the household conditions, this is not surprising; nevertheless, sometimes very gratifying results can be obtained. The question of sleeping is also a difficult one. It is very usual to find members of the family sleeping in the same room, and often in the same bed, and it is, of course, impossible in many instances to isolate one room for the patient. But when some mutual confidence has been established and possibilities inquired into, changes can gradually be brought about, with the result of much more comfort to the patient and a great decrease in the risk of infection for the family.

The carelessness of the family to this danger of infection is usually a courage born of complete ignorance, and if some of the members can be impressed with the necessity of taking ordinary precautions for their own safety, they will themselves do much in the way of prevention.

Disinfecting or thorough cleaning and airing of the room after the death of the patient is not the least important of the precautions that the nurse should insist upon. The Board of Health, on being notified, will disinfect any room in which a tuberculous patient has lived.

In this very incomplete outline of the possibilities that lie within the scope of the nurse's work, it is not necessary to take up the appalling conditions sometimes found, where any human agency so ordinary as a district nurse seems entirely insufficient and hopelessly helpless. We have been speaking only of the usual households of the poor, where her visits, advice, and interest can really count for good.

“It is so natural to love, it is so manifestly the first and last instinct of our frail and necessitous being, that it is not only charitable but just to believe that apparent failure to exercise this divine prerogative comes from a faculty in abeyance, awaiting its stimulus and inspiration from without.”

PRELIMINARIES OF OBSTETRIC NURSING

By MARY L. KEITH

It is generally supposed that any nurse can do obstetric nursing.
So she can, if she knows how.

Every good nurse knows the principles of asepsis and antisepsis.
That she learns in her general training, and when she knows in addition:

- The hygiene of pregnancy;
- How to recognize approaching labor;
- How to help the doctor and comfort the mother during that labor;
- What supplies are necessary and how to prepare them;
- How to prepare the patient;
- How to examine, and when, and why;
- How to prevent septic infection;
- How to guard against hemorrhage;
- What symptoms precede eclampsia;
- What to do at a normal birth (with or without a doctor);
- What to do at an instrumental delivery;
- The after care (with or without complications);
- The care of the new baby (his cord, his eyes, his skin, his food, his clothing, and the formation of good habits;—

When she knows these things in addition to her general training, she knows enough to try obstetric nursing.

The most important factor in her work is her asepsis. Since the introduction of asepsis and antisepsis into obstetrics, septic infection, formerly known as puerperal fever, has been almost eliminated. It is a preventable disease and differs in no way from other septic infection. That the open wounds exist inside the uterus, in the cervix, in the vagina, in the perineum, and are waiting to be infected, are vital points to be taught and remembered. Asepsis must ever be at the fingers' ends.

An obstetric nurse waiting at the patient's home will prepare, while waiting, six dozen pads, made by folding cotton-waste inside absorbent gauze; and for wiping up discharges, either a pound of this same waste made into balls, or several dozen thin gauze sponges four inches square. These pads and sponges, with six towels and two old sheets, must be sterilized. The kitchen wash-boiler can be used for a sterilizer if nothing better is at hand. A wooden shelf resting on two earthen bowls can hold the goods, which are done up with not more than four pads

or six sponges to a package. An apron for the doctor and one for the nurse may go into the boiler, also ligatures and cord-dressing for the baby.

The fewest possible things with which a labor case can be safely conducted are these sterile sponges mentioned, soap and water, a stiff nail-brush, and a pail of corrosive sublimate solution 1 to 3000. The list may be made to include a dozen other things, according to the wealth and social position of the family, but these are essentials.

The signs of labor are a vaginal discharge of mucus, which later is streaked with blood, and pains caused by uterine contractions. These pains, which occur at regular intervals, begin in the back, come towards the front, and with each pain the uterus contracts and hardens. By putting the hand on the abdomen this hardening is plainly felt. After these pains are well established the nurse will make a vaginal examination. This examination tells her whether or not the cervix is taken up, the amount of dilatation, membranes ruptured or not, does the head present and is it engaged. It is not absolutely necessary that she know about position, but she must know about presentation.

If she is not sure when the doctor wishes to be notified, she had better notify him now, that labor has begun,—not by saying come at once, but by note or by telephone convey to him the information that Mrs. Smith has been having uterine contractions since one A.M., and now, at four A.M., the cervix is gone, the os is dilated one-half inch, the head is engaged, the membranes are unruptured, and the patient's mental and physical condition is good, or any other statement which is true. The wise nurse, however, during the days she waited called on the doctor and asked at what stage he wished to be informed and how he wanted the patient prepared. Most doctors who employ a good obstetric nurse would choose not to be waked at four A.M. to be told Mrs. Smith was doing well in every way; they would prefer to be told this at seven A.M., knowing that if any complication arose it would be recognized and reported at once. Should, however, labor begin during the day, it is wise to send word at once, because otherwise the doctor might be making visits and attending to his hospital practice when wanted, and the sooner he knows that Mrs. Smith is going to need his services, the better he can arrange his work for the day. Sometimes without pain the membranes rupture. This should be reported, as labor will follow sooner or later.

Next comes the preparation of the patient. The daily bath need not be omitted; it should rather be encouraged. An enema of soap-suds should never be omitted, and if an antiseptic vaginal douche is to be given at all it should be given now. The hair about the genitals

should be closely cut and the parts well washed with soap and water, followed by corrosive, a sterile pad adjusted, the hair arranged, and, if the patient is to be up and about, a night-dress and wrapper, stockings and comfortable shoes, make a suitable toilette.

The bed on which the delivery is to take place is made ready. The manner in which it is made varies. The main point is that after delivery the soiled clothing can be removed with no effort to the patient, leaving her on dry, clean bedding, which up to this time has been protected by a rubber sheet. Beside the bed stands a table, on which is a pail of 1 to 3000 corrosive solution and the sterile sponges. If the table is large enough, or has two decks, on it also are catheter, pads, ligatures, and scissors, all sterile or in an antiseptic solution, while near at hand are the sterile towels, a few old towels not sterile, ether, ergot, and corrosive, from which fresh solution may be made. The carpet by the bed is protected by a rubber sheet or an old rug, while a foot-tub makes a convenient receptacle for soiled matter. Every convenience for soap-and-water cleanliness should be ready in the bath-room. When labor is further advanced ice is brought, also hot and cold water for possible asphyxia of the baby.

Each and every time the nurse makes a vaginal examination to determine the progress of labor her asepsis must be above criticism. It is her business to keep her hands free from cracks, which are a source of danger. The nails should be short and evenly cut; after cleaning them, there should be a thorough scrubbing of the hands with soap and water, then another scrubbing in 1 to 3000 corrosive with another brush; after the hands have been in the solution three minutes the examination may follow. If the nurse wishes to wear sterile rubber gloves she may do so. The patient has been put in position previously; the vulva is now cleansed with corrosive solution by wiping towards the rectum; when clean it is separated, and the nurse introduces one or two fingers (in accordance with her teaching) for the examination.

The usual position of the patient is the left lateral, but if she is lying comfortably on her back or right side, it is perfectly possible to examine in that position, as nurses are taught to use either hand. The position should be decided upon before the nurse prepares her hands, as afterwards she cannot handle unsterile matter.

The nurse sees that her patient takes suitable food at suitable intervals, and, unobserved by the patient, herself observes the amount of urine secreted; but she has not done well if she neglects to pay particular attention to the mental condition of her patient. Even a woman who regards child-bearing as a physiological process might be alarmed by these necessary preparations. It is a physiological process, but it is

surrounded by many dangers. A mother who is ready and willing to meet labor is so much better equipped than a frightened mother, that every mother is entitled to all the encouragement that can be given honestly.

It is reasonable to suppose that by the time these preparations and observations have been made the doctor will have arrived. The nurse tells him what she has done, shows him the arrangements, and awaits any instructions he has to give. Her work is now about to begin.

THE SMALL HOSPITAL AND THE TRAINING-SCHOOL

By BERTHA MAYNE

IN discussions as to the fuller evolution of the training-school, the small or private hospital stands as a factor,—and to many as a stumbling-block.

From the patient's stand-point no one questions that the private hospital offers certain advantages over the large institution.

The fixed routine, the inexorable laws, and unbending rules of treatment that are essential in the administration of the one are impracticable for the other. In short, the private institution may combine the order necessary for the proper treatment of disease with the atmosphere of the home. It can stop to recognize personalities as well as symptoms, and does not lose sight of the individual in the consideration of the "case."

Further comparison of relative merits in general methods is beyond our province as nurses, facing only the question of the training-school and its best possibilities.

The arguments against the small hospital as an educator are so apparent that "he who runs may read." Many of the points cited as appealing to a patient are a distinct disadvantage in the training of a nurse.

The discipline, the "hospital etiquette," the working out of systematic plans, and, above all, the scope and breadth of experience in a large hospital, are what every nurse would choose if she could judge as wisely at the beginning of her course as she can when it is finished.

As a general thing, however, the nurse is looking forward to private duty, where she is brought into different relations with her patient, and, in some degree, to her profession.

That nurse is most welcome in the family who adds tact and

adaptability to her skill. Beyond the carrying out of definite orders, the day's work will vary with the mood or caprice of the invalid. Firmness in essentials is necessary, but the faculty of differentiating, and of knowing how to deviate from fixed rules to meet individual idiosyncrasies goes far towards making the truly admirable nurse.

Just here the private hospital puts in its plea, here it supplements the larger institution.

There is continual and justifiable protest against the small training-school, and yet it has its part to play in the full education of the nurse.

The military drill is necessary, the importance of a broad knowledge of various diseases is recognized, but surely the nurse has a better opportunity of observing men and women, and of developing the "psychic factor" when the stress of daily routine is lessened.

If the small school could be regarded as an adjunct of the larger one, and by some arrangement could share in the training of its pupils, the nurse, the hospital, and the profession would gain thereby. This is only a step towards a higher development.

The training-school is handicapped by the *character* of its association with the hospital, and eventually, for the good of both, it must be established on an independent basis.

We see this method already working most successfully in individual institutions, and with the perfection of the plan a central training-school will supply nurses as they are called for to hospitals within a given radius. Will not this be the solution of the problem as to the uniform education of the nurse?

Before this end is reached, however, there are many debated points to settle and many obstacles to overcome.

The factor that we wish to eliminate is insufficient and indiscriminate training. To effect this we must have, first, a general recognition of our purpose, and then the co-operation of our own profession and that of medicine.

"A GLASS of water should always be taken the first thing in the morning. It exercises a twofold advantage. First of all, when sipped slowly it acts as a stimulator to the excretory organs. Secondly, during sleep a great deal of mucus is secreted by the membrane lining the mouth and other organs of the alimentary canal, and this morning drink removes it. Many a morning headache will be cured if this habit is carefully and systematically carried out."

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF
ISABEL MCISAAC

NORMAL SALT SOLUTION

By IDORA ROSE

THE significance of salt has been impressed upon us from a very early date, Sacred History accounting for at least one unique process of formation. From that day to this it has held a place, and if we concur in the belief that nature has a use for all her materials, we ought to be able to convince the few who discard it from their list of ingesta that they are depriving themselves of one of the elements necessary to their complete physical compound.

Assuming the general recognition of its beneficial properties, we will pass by its discussion as a mineral, its place in economics, and consider it from the stand-point of a medicinal agent. This, no doubt, will call for the criticism from those who are daily called upon to prepare and use it, as a topic so common that discussion is unnecessary. But their indulgence is asked while a few thoughts are presented for the benefit of those who joined the rank and file prior to the many improvements of these modern days. Alumnae societies can testify to the fact that the older graduates hunger for the new things in their line of work,—new methods, new apparatus, new ideas on old subjects,—and it ought to be a duty and privilege to satisfy that want as best we can. It is true that text-books on nursing are within reach of every nurse, but we find upon examination that many subjects are not treated in detail in these books, and it requires an original mind to make practical what is given only in outline. Furthermore, we are daily indebted to the physicians and surgeons for many new things not found in text-books, unless frequently revised.

With the subject in hand we are told that it is called "normal" or "physiological" salt solution, because it is so near like the normal serum of the blood when used at a proper temperature and at a given strength. Its therapeutic value is being emphasized every day by both surgeons and physicians, as it is used as a restorative agent in surgical

and medical cases alike. And as its ingredients are to be found in every household, there is no difficulty in having it whenever needed.

Another feature recommending its use is its non-toxicity, although the quantity and frequency of administration are to be regulated by reason, as is any form of treatment. In preparing the solution for use, we find there are several formulæ, of which the following is commonly given: Sodium chloride, or common salt, one and a half drachms to one quart of sterile water; or, as this solution is not changed chemically by boiling, the ingredients may be put together and boiled one-half hour; or, to be more particular, a perfectly clean bottle or fruit-jar has clean linen or gauze placed over the top for a filter, the salt is put on this, and the sterile water poured through it, thus dissolving and holding the salt in solution. The cover is then tightly adjusted and the can put into a vessel of water and boiled one-half hour.

If one is so placed that the exact weight of salt cannot be obtained, a teaspoonful is the equivalent.

As to the ways in which it may be used, there are several. Typically, transfusion is the process. But when a patient is in such a critical condition as to need the stimulating effect of the solution, there is scarcely time to spare to open a vein with all the precautions necessary, and consequently the fluid is injected into the connective tissue to be absorbed, thus reaching the blood in a less direct manner. In either case the operation is considered in the light of a hypodermic injection on a large scale, and it is obvious how necessary it is to have every step done in strict accordance with aseptic preciseness. The utensils employed, the hands of the operator, and the surface of the body selected must be surgically clean. In the absence of other appliances, a fountain syringe will answer, or a funnel to which is attached a piece of rubber tubing. The hypodermic needle is too small, but can be used in the absence of any other.

The solution should be at the body temperature, as the absorbing surfaces can act better at that temperature. In introducing the solution by rectum the same points are to be observed as in giving enemata. The rectum should be unloaded by simple enema, the hips elevated to aid the gravitation of the fluid, and the solution emptied high up by inserting the tube as far as the sigmoid flexure. Among the uses for which it is employed may be mentioned that of a spray or gargle in nose and throat affections as a cleansing measure. It is a common proceeding for some surgeons, when performing a laparotomy, to fill the abdominal cavity with the solution just before stitching the abdominal wall, claiming that, aside from its other properties, it modifies to a considerable extent the excessive thirst following operation.

In doing plastic operations surgeons recommend the irrigation of the working field with normal salt solution, in this way keeping the part clean and free from blood without the use of sponges. In cases of extensive burns, or wounds needing skin grafting, the grafts are immersed in this solution as an ideal preservative. In intestinal disturbances, where there are so many watery evacuations, the introduction of salt solution compensates for this loss in a most effectual manner.

It is interesting to notice the changes in a patient after the successful administration of normal salt solution. The arterial pressure is raised, the skin becomes moist, the kidneys are more active, thirst disappears, and temperature is elevated. Severe cases of hemorrhage, which ordinarily would be regarded as fatal, are now given a new lease of life through the judicious introduction of this valuable agent. And we think it is not exaggeration to say it is one of the simplest and one of the most important remedies in general use at the present time.

THE OUTFIT OF THE PRIVATE-DUTY NURSE

By HELEN S. HAY

THE outfit of the nurse on private duty is a subject requiring no inconsiderable planning and thinking. Much must be sacrificed and much provided, that naught will be found lacking to thorough cleanliness, efficient service, and the common comfort. First, let us consider the needs of the wardrobe.

✓ If "stripes" be worn, three suits will suffice. The seersucker at twelve-and-a-half cents a yard washes and wears admirably. Some prefer a finer quality costing about twenty cents. If white suits are preferred, four will be found necessary. Linen duck, Marseilles, and piqué are all good, though the two latter seem to retain their freshness longer. These materials cost from forty to sixty cents a yard. There is also a cotton duck at fifteen cents which wears and launders most satisfactorily. Many nurses find it a convenience to have a supply of both the striped and white uniforms, wearing the former on their heavier cases, and the latter where the duties are light, or more nearly like those of a companion. Also for surgical work the white seems especially desirable.

Of apron material there is nothing for wear and lasting freshness like the best grades of pillow-casing. Finer aprons will be found smirched and yellow while the older, heavier ones will be white and immaculate. Longcloth and heavy lawns, costing from twelve-and-

a-half to thirty cents a yard, will also be found serviceable. So too is the linen at from seventy-five cents to one dollar a yard. Twelve long aprons will be none too many, and with these there should be two or three large surgical ones. Neatly made of white drilling or duck, they look thoroughly nurselike, and if worn for one's rougher tasks are a great saving to the uniform.

In collars and cuffs most nurses are driven to adopt those styles which can be bought ready for use. Collars are twelve-and-a-half cents each. Ten will be needed, and with these, for a neat finish, ten laundered string ties of white piqué or lawn. Ten pairs of cuffs at twenty-five cents a pair will be required, preferably the kind worn outside the sleeve.

Last of the uniform is the cap. Two fresh ones should as far as possible be always kept on hand, and thus provision made for the times of emergency, when cap-making is out of the question. Of all the articles in the wardrobe, the cap is most often the one first put aside. For, being essential neither to good nursing nor to a neat and attractive uniform, it is considered wisest to appropriate its considerable space in the telescope to articles more important to success.

Having attended to the details of our uniform, let us now get in readiness for the first "call." How much of this ample outfit shall be given space in our telescope, and what more will be needed of books and appliances? Of uniforms and their appurtenances only so many as will be needed for three or four days at most. What more are found needful can be sent one by express. With the articles of her uniform there will be soft slippers, a loose wrapper, handkerchiefs, toilet articles, stationery, including "history sheets," sewing material, and underwear. A "Practice of Medicine," a small medical dictionary, a "Materia Medica," a text-book on nursing, and a book on invalid cookery will all be valuable; and as questions on any one of these subjects may meet the nurse with the beginning of her tasks in the sick-room, all of them would better be given room. Of course, a text-book on obstetrics will be in the nurse's library to add to the above list when needed.

As to necessary appliances, every nurse early solves to her own satisfaction what these are. One nurse out of her equipment could stock a small ward; another equally successful in her work carries with her only a hypodermic, a thermometer, and a pair of forceps, rusty from disuse. Better, doubtless, is a wise medium between these: clinical and bath thermometers, hypodermic syringe with tablets, graduate glass, rectal tube, catheter, invalid drinking-cup, and, what is found a great convenience, a *very* small alarm-clock. Further needs will, in most cases, be quickly and willingly supplied.

The outfit is complete, and all possible preparation made. Suitable clothing, books of reference and instruction, instruments,—all will contribute to the nurse's self-confidence, to her efficiency, and so to her success. But it is her tact and energy, her ingenuity, and her resourcefulness, and these only, that will most often clear up her difficulties. And it is through the possession of these gifts that the trained nurse will prove equal to all demands, whatever her equipment may be.

EXPENSES OF OUTFIT.

3 striped dresses, 10 yards each, at 12½ cents	\$3.75
Cost of making	7.50
4 white dresses, 10 yards each, at 50 cents	20.00
Making	16.00
12 aprons, 2½ yards each, at 20 cents	6.00
Making	3.00
3 surgical aprons, 8 yards each, at 15 cents	3.60
Making	1.50
10 collars	1.25
10 pairs cuffs	2.50
Cap material	2.50
Slippers	1.00
Loose wrapper (material and making)	5.00
"Materia Medica"	1.50
"Practice of Medicine"	3.00
Medical dictionary	1.00
Text-book on obstetrics	1.25
Text-book on nursing	2.00
"Invalid Cookery"	2.00
Bath thermometer	1.00
Clinical thermometer	1.50
Hypodermic syringe	3.00
Graduate glass50
Rectal tube30
Catheter25
Invalid drinking-cup50
Small alarm-clock	1.50
Total	<u>\$92.90</u>
Using striped uniforms only. Total	<u>\$56.90</u>
Using white uniform only. Total	<u>\$81.65</u>

IN every line of life in which success is aimed at, an apprenticeship has to be served of many hours and days of hard work.—LOUISE TOP-LING.

CHILDREN'S DEPARTMENT

IN CHARGE OF
LOUISE C. BRENT

THE "CRY" OF A CHILD

By E. STANLEY RYERSON, M.D.

THE nurse should make it one of her chief objects to know and understand her patient. The doctor attends to the case medically when he makes his rounds, but it is the nurse who ministers to the small comforts and who solves the small difficulties which incessantly crop up in the life of the sufferer. Can she do this if the patient be a foreigner, unable to make clear his wishes? She can, by a short study of some of the elementary words of that foreign language. Similarly, if the sufferer be a baby, this may be done by a little thoughtful consideration of the language of the infant.

The first indication of life in the new-born babe is the cry. For many succeeding months this is the sole method of expressing the sensations. Hunger, fear, pain, and discomfort will be displayed through this one channel. Even when old enough to talk a little, a child will still accompany its demands with a fit of crying, thus hoping to excite more sympathy, or at least more attention (should it be a fit of temper), than would otherwise be given.

As might be expected, the cry, expressing, as it does, so many different forms of the troubles of childhood, varies much in its nature; and it is in the observation of these differences, with the proper treatment of the trouble, that a careful nurse can do the greatest amount of good to her little charge.

Naturally, from babyhood until the age of eleven or twelve is reached, the vitality of the child may be estimated by the vigor of its cry. Also, as one knows, weakly and delicate children will cry on the slightest provocation, and frequently from no apparent cause. The form of the cry in older children indicates to a great extent the strength of the child and often the seat of the disease.

As the lachrymal gland is not developed before the third month of life, there is no flow of tears up to that time.

Crying results in a congestion of the vessels of the brain, which

condition may irritate the nervous centres to such an extent as to cause a convulsion.

The following table sets forth in pictorial form some of the principal facts about the alterations of the cry:

CAUSE	CHARACTER OF CRY	TREATMENT
I. Hunger.	Worrying, fretful cry, with vigorous sucking of fingers.	Feeding the child.
II. Indigestion.	As in hunger, except that, after being fed, crying begins again in a short time worse than ever.	Dieting child, being careful not to mistake for No. I., and thus increase the cause.
III. Pain.		
(a) Discomfort.	Ordinary every-day cry.	Removal of cause, as cold feet, wet diapers, etc.
(b) Sub-acute.	Moaning cry	Treating cause as chronic indigestion.
(c) Acute.	Sharp, violent paroxysms of screaming. The movements and position of the child indicate the seat of the pain; e.g., hand to head in ear-ache, or child "doubling up" from pain in abdomen. Cry ceases when child is tired out, but returns with equal severity after a short rest.	Treating cause as colic, earache.
IV. Temper. Not present until after fifth month.	Loud, violent, and prolonged crying, during which the child stiffens its body, throws back its head, and kicks legs vigorously. He throws everything he lays his hands on in all directions.	Scolding, punishing, or secluding the child for a time, according to its age.
V. Habit, as of wanting to be carried or rocked or to have a light, etc., which it is better for child to do without.	Ordinary cry, at times merging into No. IV. Granting of the desire invariably stops the crying.	Letting it "cry it out" several times, rather than by allowing it to have its own way. No child is harder to manage than a petted one.

Diseases with characteristic cries are:

Pneumonia.—Short, labored, and smothered, being more of a groan, during which the child winces.

Croup.—Hoarse and muffled, with peculiar ringing, brassy inspiration.

Diseases of the Stomach.—Prolonged, acute crying.

Colic.—Violent and paroxysmal, with thighs flexed on abdomen and arms hugging the body firmly.

Marasmus.—Constant feeble whine.

Chronic Bone or Joint Disease.—Sudden, sharp cry at night, and usually just when they drop off to sleep.

Acute Cerebral Diseases, as Tuberculous Meningitis.—Single shrill, piercing cry (hydrocephalic cry) at distant intervals and at night.

THE Board of Managers of the Lakeside Hospital, Cleveland, Ohio, have recently made arrangements by which the patients in the Children's Ward may have the privilege of kindergarten instruction.

Some of the kindergarten teachers of the city have volunteered their services and devote three afternoons a week to instructing and entertaining the children. Two out of the three afternoons are devoted to the manufacture of all kinds of kindergarten work. On the third day the time is devoted to music, the children being taught songs and hymns.

A very handsome piano has recently been donated to the ward, and on these afternoons the sun-room presents a gay appearance.

It has been found that the effect of the teaching on the children is excellent. They show much interest in the work and look forward with pleasure to the lessons.

COST OF GOOD MILK.—In attempting to get good milk—that is, safe milk—for children, my attention was first called to the farmers, and I at once made up my mind that the cry of cheap food for the people was one which should be strenuously put down by the health officer, by the physician, and through them by the intelligent public. The cry of cheap food and cheap milk is a dangerous one, and one which, of course, is heard all over the civilized world, but, as is true of everything which has to be produced in the world, you cannot get what is good cheaply, and you cannot produce and deliver milk for four or five cents a quart in the best way. It must cost more, and the people must learn that it must.—DR. T. M. ROTCH, *Boston Medical and Surgical Journal*.

BABY TALK.—We ask mothers, and shall ask them often again, to talk plain English to their babies.

Be affectionate, make your voices soft and loving, use the shortest, simplest words, but do not use baby lingo, forcing the baby brain to absorb expressions which must so soon be unlearned, and keeping the little mind in a state of confusion, hearing one language addressed to itself and another spoken around it.—*New York Journal*.

EDUCATIONAL

IN CHARGE OF
ISABEL HAMPTON ROBB

PRELIMINARY TRAINING IN THE LONDON HOSPITAL

By EVA C. E. LÜCKES
Matron London Hospital

IN these days, when so much is written about hospital nurses, and so many are seen in our midst, it may interest some of our readers to learn of a comparatively new departure which has taken place in the well-known London Hospital Training-School. It was observed that the first plunge of the new probationer into hospital life was a somewhat overwhelming experience. The most courageous novice could scarcely help feeling bewildered when she found herself arrayed in unfamiliar uniform, and realized that she was an insignificant unit among the two hundred and fifty or three hundred nurses with whom she had chosen to begin her nursing career. In a hospital containing about eight hundred beds the work of the day is necessarily the first consideration, and the well-meaning stranger found herself comparatively useless until a few weeks had accustomed her to the routine, and she had made one or two friends among her fellow-workers. Moreover, it was by no means easy to ascertain in such conditions how far the candidate was fitted to become a nurse, or for those under whom she served to arrive at an accurate conclusion on this important point during the trial month which probationers undergo before being definitely accepted for training. Slowness, for instance, might be due to mere ignorance of the unaccustomed life and surroundings, in which case the defect would soon be remedied, or it might be due to innate want of capacity on the part of the probationer, and then all efforts to instil a knowledge of nursing would be a waste of time, and would fail to make her a really good nurse.

The committee of the London Hospital, therefore, decided to take a house (Tredegar House, 99 Bow Road, E.) and to furnish it for the purpose of receiving twenty-eight selected candidates, free of charge, for periods of seven weeks, previous to transferring to the hospital those

found sufficiently suitable to enter upon the usual month's trial. It is not generally known that at the London Hospital Training-School there are vacancies for twenty-eight probationers every seven weeks, and occasionally a few extra vacancies if selected candidates fail.

The Preliminary Training-Home is an immense gain to us in the wards, as well as to the pupil-probationers, who get the advantage of the careful preparation given there to qualify them for their subsequent experience in the hospital.

Twenty-eight selected candidates arrive at Tredegar House on a fixed Saturday for a period of seven weeks. On Monday morning they come to the hospital for a lecture on elementary hygiene and a demonstration in sick-room cookery, returning to Tredegar House to dinner. The rest of the day is filled up by various classes and off-duty time, some classes numbering ten probationers and some only five. These classes are given by sisters specially selected for the purpose, as well as by the sister in charge of Tredegar House. Each pupil-probationer has her own time-table for every day, and this is strictly adhered to throughout.

We endeavor to make this training thoroughly practical, as well as sound in theory. In addition to the lectures on elementary hygiene, physiology, and anatomy given at the hospital by members of the staff, instruction classes are held in various nursing details. Bandaging, splint padding, bedmaking, how to take and chart temperatures, the method of keeping reports of special cases, the names of instruments in common use, how to read measure-glasses, hypodermic syringes, etc., etc., are all carefully taught, and care is taken, as far as may be, to see that each probationer has mastered these rudimentary details. This insures a probationer being taught *from the very first* the correct method of doing all elementary nursing duties. They are taught everything we can think of as likely to smooth the way for a beginner, and to make her of some little use from the moment she enters the wards. They learn also how to sweep and dust, to wash up tea-things, etc. There is no heavy work among these domestic duties, but, unfortunately, a knowledge of them does not come by instinct to every woman, as is sometimes imagined, and a nurse would not be worth much to her patient if she could not make his surroundings clean and comfortable in a quiet and efficient manner. Please do not think we are under the delusion that every pupil-probationer becomes perfect in these respects while she is at Tredegar House, but she has the *opportunity* of doing so, and the importance of *good nursing habits*, in little ways too often overlooked, is carefully inculcated by every means that we can think of. During the six weeks, courses of twelve lectures on every

subject taught are fitted in, and a part of the seventh week is taken up in examinations. The probationers have a day off on Thursday of that week, and are transferred to the hospital for a month's trial on Friday, and then, for the first time, they enter the wards. Tredegar House is then prepared for a fresh set of pupil-probationers on the following Saturday, and history repeats itself, with an occasional break for holidays, throughout the year.

Directly it becomes evident that any pupil-probationer is hopelessly unsuitable for hospital work, of course she returns to her friends. Doubtful probationers are usually kept to the end of the Tredegar House period if there is a reasonable hope that they will improve, and we frequently stretch a point in favor of still doubtful candidates, and give them a final trial in the hospital. Miss Stirling Hamilton, the sister in charge of Tredegar House, takes the greatest interest in her work, and the pupil-probationers are devoted to her. It is impossible to have twenty-eight people living together for six or seven weeks, under precisely similar conditions, without an experienced observer getting a fair idea of their respective characters. The judgment formed by the sister in charge of Tredegar House is of great service to me when I have subsequently to decide from the reports of the various sisters under whom the probationers begin their hospital careers how far each candidate is suitable to enter upon her four-years' engagement. Before we had this Preliminary Training-School, it was often extremely difficult to form an accurate judgment as to a probationer's capabilities. Every new probationer cannot be placed under a sister who happens to be a good judge of character, and sometimes the pressure of work in our busy wards is enough to excuse a sister for not having paid a great deal of attention to a probationer too new and inexperienced to be of much use. If some months pass before it is ascertained that a probationer has no aptitude for nursing, this represents loss to the *hospital*, for we have to manufacture our own trained nurses entirely. A probationer who fails may have gained *something* from her comparatively brief hospital experience, but *we* lose the valuable time we have expended in a vain endeavor to make her a trained nurse, and have to commence the process over again with another beginner.

FROM CIRCULAR SENT TO APPLICANTS.

"The training given at Tredegar House to probationers costs the London Hospital no less than one thousand pounds a year. The committee of the hospital feel that they are bound to protect themselves from giving this training to applicants who either do not really mean to enter the hospital—but who, nevertheless, profess their intention of signing the agreement for four years, if approved—or who, having had the Tredegar-House training, change their

minds and desire to leave. The committee are, therefore, compelled to require every applicant to give the name of someone who will be responsible in a fine of ten pounds if she, *of her own accord*, break her agreement, or withdraws after leaving the Preliminary Training-School. This must not be understood as condoning the breach of faith such conduct involves, but merely as a protection that the hospital funds shall not suffer by such withdrawal, which, happily, very rarely occurs."

IN MEMORIAM

[The following poem was written for the dedication of the Isabella Graham Hart Memorial Home for Nurses of the Rochester City Hospital, Rochester, New York, by the Rev. J. T. Ely. An illuminated copy hangs under the portrait of Mrs. Hart in the spacious and beautifully decorated hall of the building.—Ed.]

"A GRACIOUS presence fills these halls,
A voice of gentleness recalls
One whose sweet ways of doing good
Were like a new beatitude.
Her smile was blessing, and her heart
With all who suffered had its part,
While deeds of kindness marked the
way
She trod in secret day by day.
So gently planned, so kindly thought,
So modestly were all things wrought,
Hiding the giver in the gift,
That only through some tell-tale rift
Streamed forth the shining of her face
To lend each gift its choicest grace.

"The 'angel of the house' she moved
In ministry for those she loved;
And calling back her presence bright,
With all its effluence of light,
E'en through our tears—thou vanished one,
Whose path by ours no more may
run—
We joy to think what earth can give
To make it blessedness to live.

"And ye who enter through these
doors,
Dwell in these rooms, and tread these
floors,
Think sometimes in your work of love

Of her who watches from above;
And as ye soothe the throb of pain,
Or give the weary hope again,
Or bear the fret of hopeless ill,
Or help the helpless to be still,
Think how amid the angel throng
A brighter joy, a sweeter song,
May still be hers, to feel that here
Her love, through you, from year to
year,
In ministry that shall not end,
May still the suffering world befriend.

"Our hearts were dull to disbelieve
That heaven itself may joy receive
From deeds of kindness done on earth
Which in that higher realm have
birth.
We do not know, we cannot tell,
How to that world invisible
Our world is joined; but still we
know
The two most sweetly interflow,
And treading ways of service here,
The spirits of that holier sphere
May still attend us in our round,
With us in one communion bound.
Her memory thus may blessing give
Here where her name enshrined shall
live,
And she in that world win new bliss
From love that ministers in this."

PROGRESSIVE MOVEMENTS

IN CHARGE OF
LUCY L. DROWN

THE LONDON PUBLIC-SCHOOL NURSE

By HONNOR MORTEN

[Miss Honnor Morten, a trained nurse, graduate of the London Hospital, is a member of the London School Board, which originated and put into practice the system of school nursing which she has described in the following paper. Miss Morten founded the Hoxton Social Settlement, and has been the inspiration of many independent movements among women, all progressive, social, and unselfish. She is well-known among nurses, writers, educators, and social reformers as a fearless and inspiring leader of high purpose.—LILLIAN D. WALD.]

So long ago as 1891, at the International Congress of Hygiene and Demography, Dr. Malcolm Morris gave it as his opinion that a staff of specially educated nurses should visit the public elementary schools regularly to inspect the children. He spoke chiefly with reference to ringworm, but there are other contagious and infectious diseases that are just as much spread through schools, many of which are even more dangerous and uncleanly. But there is often a long time between the inception of an idea and the putting of it into practice, and it was not until 1897 that "The London School Nurses' Society" was formed, and even now the staff of nurses supplied cannot visit a quarter of the elementary schools. The society is a purely voluntary one, dependent on subscriptions, but it was founded by a member of the London School Board, and Lord Brea, chairman of the School Board, is vice-president of the school nurses. It was therefore easy to secure the necessary official permission for the nurse to enter the schools.

The following quotation from the first report of the society gives the best idea of the work:

"Already three nurses visit some of the poorest schools, and attend to the small ills of the scholar—such as sore heels and inflamed eyes. Excellent results follow their ministrations; each is able to visit four schools in one day and see about one hundred children, who are sent to her, one by one, by the teachers. Probably it will be difficult to im-

press on the public the importance of the work to be done or the necessity for these nurses, but it must be remembered that the sore heel soon becomes poisoned if left to London dirt, and that the inflamed eyes often lose all power of seeing simply through neglect. There is no more sure way of securing the health of the people than to arrest small ills at the beginning; a nurse can see at a glance whether a child should be sent to a doctor; she can impress cleanliness; she can follow up bad cases to their homes; she can recognize the early symptoms of fevers and do much to stop the spread of those infectious diseases which so often devastate our schools. It is found that cases of bad eyes and dirty heads are practically stamped out of a school by six months' regular visiting; consequently each nurse is able to enlarge the scope of her work as time goes on."

It should be mentioned that the medical inspection of children as carried out in New York does not exist in London, and that the London School Board, with sixty thousand children in its schools, has only one permanent medical officer, who sits up at the central office and collects statistics. It is possible that the nurse is, for small ills, more useful than the doctor, for where the doctors in New York exclude some fifty cases of contagious eye-disease and some one hundred cases of parasites of body every week, the London nurses do not necessarily exclude, but clean generally and treat the children, and, if the cases are very bad, follow them up to their homes and see that they get medical attention there.

It is perfectly certain that medical inspection of school-children must come in London soon: we cannot afford much longer to lag behind the United States and the Continent, for Belgium, Germany, and other countries have their examinations. But it is to be hoped that the London scheme when formulated may include both doctor and nurse, and that the New York scheme might be amended by the addition of nurses. Some selections from a school-nurse's report-book are given in conclusion:

No. 1 School.—"There is very little difference in the numbers at this school. Since Easter they have been decreasing a little. One sees on an average sixty-five children three times a week. There are very few head cases and not many eyes. The chief ailments are sore heels and poisoned fingers, and casualties such as burns, cuts, etc., keep up the numbers. The head mistress and head master in this school are most interested, and do all they can to help. Several parents seen, and their co-operation secured."

No. 11 School.—"The numbers increase in this school. The eye cases are falling off, but a good many new children, chiefly foreigners

and new scholars, come. The sore faces are disappearing. Average number forty-five three times a week, making a total of one hundred and ten."

School No. 3.—"Numbers decreasing. Sore throats prevalent. One case of chicken-pox sent home. A great many extra eye cases. No heads. Visited twice a week."

School No. 4.—"This school is now visited once a week. Scarcely any eye or head cases. There are a great many sores and cuts and poisoned fingers. Two cases of mumps sent home."

School No. 5.—"First visited on May 25. There are a great many eye and head cases in the junior mixed and special departments, and there is much to be done. The head mistress of the junior mixed department is most helpful. School visited three times a week."

THE ORANGE VISITING NURSES' SETTLEMENT

BY MARGARET H. PIERSON

THE visiting nurse has become an established factor in the economy of nursing, and among the various centres that are coming into existence for the development of her work is one in Orange, New Jersey. This is a settlement, and the fundamental principles underlying all real settlement work will be worked out as far as possible by the residents. The head worker is a graduate of the Orange Training-School, of two years' experience in district nursing. Associated with her are two other graduate nurses of many years' experience in hospital and private nursing. The other residents are pupil nurses who come for instruction from the Training-School. Their term is for two months. The house is larger than the present need demands, hence it is possible to rent two rooms to three physicians who come for daily office hours. Two of these doctors are women, one also being a graduate of the Training-School. Rooms are rented at usual rates to graduate nurses, and one room is also converted into a School for Domestic Science, in charge of a Pratt Institute graduate. It is hoped that in time this may be developed into a school which will prove of great value to graduates and undergraduates, as well as to neighborhood classes which may be formed. The part of the house which originally was an Italian butcher shop is now an attractive reception-room, which may be rented for lectures, guild meetings, alumnae meetings, etc. By these various means

the house derives an income which pays for rent, fuel, and lighting. Another source of income is the fees paid for nurses' visits. There is a scale of prices which patients are expected to pay. Charity work is done only, but *always*, for legitimate cases. The settlement is therefore largely self-supporting. The salaries of the residents are paid from a private source, and the public will not be burdened with a "new charity." All so far is experimental, for the house was only opened in September, but the workers find the problem one of intense interest and are sanguine for the future.

THAT man, I think, has had a liberal education who has been so trained in youth that his body is the ready servant of his will, and does with ease and pleasure all the work that as a mechanism it is capable of; whose intellect is a clear, cold logic engine, with all its parts of equal strength, and in smooth working order; ready, like a steam engine, to be turned to any kind of work, and spin the gossamers as well as forge the anchors of the mind; whose mind is stored with a knowledge of the great and fundamental truths of nature and of the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions are trained to come to heel by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of nature or of art, to hate all vileness, and to respect others as himself.

Such an one and no other, I conceive, has had a liberal education, for he is, as completely as a man can be, in harmony with nature. He will make the best of her, and she of him. They will get on together rarely; she as his ever-beneficent mother, he as her mouthpiece, her conscious self, her minister and interpreter.—THOMAS H. HUXLEY.

PROF. W. O. ATWATER, who has made experiments covering the food supplied to the average poor man, as compared with the rich man's table, says:

"Investigation proves that the poor man gets a much greater real value in food for his money than does the rich man. The true nutritive properties of food on the poor man's table are much greater than of the food on the rich man's table.

"Three-quarters of the food the rich man buys is wasted. However, figures will prove that a man cannot easily live on fifteen cents a day."

PROPHYLACTICS

IN CHARGE OF

MARY M. RIDDLE

THE RELATION OF BACTERIOLOGY TO PREVENTIVE MEDICINE

By JOHN H. MCCOLLOM, M.D.

Resident Physician, Boston City Hospital, South Department; Instructor in
Contagious Diseases, Medical School of Harvard University

(Concluded)

SCARLET fever, reasoning by analogy, must be due to some specific organism, but this organism has not as yet been discovered. Certain observers claim to have found a streptococcus in the throats and blood of scarlet-fever patients. This organism resembles the streptococcus pyogenes, but it is said to differ from it by not coagulating milk when grown in pure cultures. These observers consider that the contagium of scarlet fever resides in this organism, that the disease is infectious only during the time that the throat is sore. They also state that the scales thrown off during the period of desquamation are not infectious, but there is abundant clinical proof to the contrary. There is a vast field of research open to the bacteriologist in searching for the cause of this disease. Klein, in a report to the Local Government Board of London, says that this streptococcus is the specific organism that causes the disease, and while his experiments are extremely interesting they do not seem to absolutely prove his point. If it could be established on a strict scientific basis that the desquamative stage of scarlet fever is not infectious, it would relieve patients from a tedious period of isolation and the hospital of a great number of convalescent patients. Since the bacteriological examination of throats has become so frequent, the association of scarlet fever and diphtheria has become less common, from the fact that the membrane frequently seen in the throats of scarlet-fever patients can only be differentiated by a bacteriological examination. An examination of thirty cases of scarlet-fever throats, made at the Bacteriological Laboratory of the Harvard Medical School, in which there was a distinct membrane, which clinically could not be

distinguished from a diphtheritic membrane, showed the presence of the bacillus of diphtheria in only six instances. The importance of a definite diagnosis is very great, not only for purposes of treatment, but also for purposes of isolation, particularly in a hospital where the cases are rigidly classified. If the organism of scarlet fever is ever discovered, we may hope to find an antitoxin for the disease, but for the present, both in treatment and prophylaxis, we must grope in the dark.

Whooping-cough, although not a very fatal disease in this country, is yet so infectious that an early diagnosis for purposes of isolation is very important. The impossibility of making an early positive diagnosis is well recognized. When, in 1887, a German bacteriologist announced the discovery of a bacillus in the masses of mucus expectorated by patients with whooping-cough, it was hoped that the presence of this organism would furnish a sure and reliable means of diagnosis. Further investigation, however, has failed to establish the etiological relation between this organism and whooping-cough. This organism is described as a small, slender bacillus, solitary, in pairs or in chains. It is an aerobic non-liquefying motile bacillus. The presence of spores has been demonstrated. It grows on the usual culture media at room temperature. When a pure culture of this organism is injected into the air-passages or pulmonary parenchyma of young dogs and rabbits broncho-pneumonia and attacks of spasmodic coughing resembling those of whooping-cough are caused. In some few instances death has followed the injection, and when this has occurred the bacilli are found in the bronchial and nasal mucus.

During the general epidemic of influenza in 1891, the attention of bacteriologists was directed to the discovery of the specific organism of this disease. In 1892 Pfeiffer found in the bronchial secretions of thirty patients suffering from influenza a small bacillus which he considered to be the cause of the disease. Canon, who at about the same time made independent observations, found a similar bacillus in the blood of twenty patients suffering from influenza. Canon's method of preparing the cover-glasses is as follows: The blood is taken from the lobe of the ear or from the finger and spread in extremely thin layers on the cover-glasses. When these cover-glasses are thoroughly dry they are put in absolute alcohol for five minutes. After this they are placed in a staining solution composed of a concentrated aqueous solution of methylene blue, forty grammes; one-half per cent. of eosin dissolved in seventy per cent. alcohol, twenty grammes; distilled water, forty grammes. The cover-glasses are then placed in an incubating oven at 37° C. for from three to six hours, after which they are washed in

water and dried. When examined under the microscope the red blood-corpuscles are found to be stained red by the eosin, and the leucocytes and bacilli are blue. The organism is in these cases sometimes found in large numbers, and sometimes only a few can be found in the field of the microscope. Pfeiffer considers that this organism is the specific cause of influenza for the following reasons: first, that it was found in all uncomplicated cases of influenza examined, in the purulent bronchial secretions, and that it was frequently situated in the protoplasm of the pus corpuscles; second, that it was found only in cases of influenza, numerous control experiments having demonstrated its absence in ordinary bronchial catarrh.

The similarity of the clinical appearances between a case of bilious remittent fever so common in the southern portion of this country, as well as on the west coast of Africa, and yellow fever is so marked that the difficulties of differentiating these two diseases are frequently very great. Cholera may be mistaken for an attack of remittent fever of the congestive type. The specific organism of yellow fever has not as yet been discovered, although Sternberg has made very exhaustive research in this line. There is every reason to believe that yellow fever is due to some specific organism, and there is a vast field of research open in this direction for the enthusiastic bacteriologist. Regarding swamp or intermittent fever, scientific research has established beyond a doubt the existence of the specific organism which stands in an etiological relation to the disease. The assistance that the knowledge of this organism gives in making an accurate diagnosis of malarial fever is very great. This organism, which was discovered by Laveran in 1880, is not a bacterium, but is a parasite belonging to the class of protozoa. The development and multiplication takes place within the blood-corpuscles. It is claimed that different forms of this organism are found in the different types of malarial fever. How much these various forms are related to one another, whether they are different stages of the same growth, or whether they belong to different species, has not been definitely settled. It is the opinion of Laveran, who has investigated the subject very carefully, that this protozoön is a polymorphic organism, and that the change in form causes a change in the type of the fever due to some unknown condition of the patient. Osler, on the other hand, thinks that the different forms of the organism belong to separate and distinct species. Laveran divides this germ into four classes: first, spherical bodies with nuclei with distinct amœboid movement; second, crescentic shapes with nuclei; third, a rosette form; fourth, bodies with flagella. These flagella are found only in fresh blood, and are so delicate that it is impossible to see them unless they are in motion. Coun-

cilman says that the bodies with flagella are found most commonly in blood aspirated from the spleen. These organisms are found in the red blood-corpuscles or adhering to them. It is supposed that they absorb the pigment from the corpuscle, and after increasing in size at the expense of the blood-corpuscles this pigment is found in distinct granules and rods. Laveran found the crescentic forms of this organism more common in the quartan and irregular types of the disease. Quinine is said to act upon the amœboid form of the parasite and gradually destroys it. Phagocytosis plays an important rôle in the spontaneous recovery from malarial fever, and it is a question whether the effect of quinine in the treatment of this disease is due to a direct action of the drug on the organism or to a stimulation of the leucocytes. Golge's investigations would seem to prove that there are several distinct parasites, and that tertian, quartan, and double quartan fevers are due to organisms having a life cycle which corresponds with each variety of the fever. The manner of examining blood is as follows: Extremely thin layers of blood are spread on the cover-glasses, which are allowed to dry, being protected from dust. The cover-glasses are then placed on a brass plate and heated for an hour or an hour and a half, and are then stained in a very dilute solution of methylene blue. It is not well to use eosin, as some varieties decolorize the blue and thus lead to faulty results. The cover-glasses should then be carefully washed, dried, and mounted. It is always well to examine the blood in a fresh state unstained on a warm stage of the microscope, as the process of staining interferes with the amœboid movements. Another method of preparing cover-glasses is to place them for five or ten minutes in alcohol and then dry in the air, instead of heating them as before mentioned. The advantage of this method is the fact that too much heat will destroy the organism. In Mannaberg's method of staining, the cover-glasses are placed for five minutes in water and then dried with filter paper and placed in a very weak solution of acetic acid for the purpose of removing the hæmoglobin. The cover-glasses are then placed in a fixing preparation composed of thirty parts of a concentrated watery solution of picric acid, thirty parts of water, and one part of vinegar. Then they are placed from twelve to twenty-four hours in a solution of alum hæmatoxylin. When this preparation is properly mounted the parasites and leucocytes appear blue, the red corpuscles without color.



CONSTRUCTION, SANITATION, AND HYGIENE

IN CHARGE OF
M. E. P. DAVIS

A DESCRIPTION OF THE PROPOSED NEW LAUNDRY OF THE UNIVERSITY OF PENNSYLVANIA HOSPITAL

WITH SPECIAL REMARKS AND EXPERIMENTS UPON DISINFECTION IN
CONNECTION WITH THE WORK OF HOSPITAL LAUNDRIES*

BY A. C. ABBOTT, M.D.

First Assistant in the Laboratory of Hygiene, University of Pennsylvania, now
Professor of Hygiene, University of Pennsylvania

(From the Laboratory of Hygiene, University of Pennsylvania)

(Continued)

THE plan to which we give preference, because of its safety and simplicity, is as follows: All bedclothing and underclothing that are stained with evacuations from the intestinal canal, whether they are of an infectious nature or not, also all articles stained with discharges from wounds, are, upon their removal from the patient, to be placed at once in a covered vessel containing a disinfecting fluid that has been brought to the bedside, and they are to remain in this solution until the time necessary for disinfection has expired before they are permitted to be washed with other clothing.

Objections are occasionally raised to this method of procedure on the grounds that the action of chemical disinfectants is often that of a mordant for white goods stained by blood, fecal matters, and discharges from wounds generally, and for this reason the method has not met with general favor. As opposed to these objections, the advantages possessed by it are obvious,—viz., the clothing is not carried through the ward in a dry condition, but is placed, immediately upon its removal from the patient, in a covered vessel containing a reliable disinfectant, and after a very short time is harmless and can be handled without danger of spreading infection. In view of these advantages I have endeavored to determine experimentally how far the objections to this method are based upon fact.

In my experiments, which were made upon flannel, canton-flannel, and muslin, stained both by blood and by intestinal discharges, a num-

* Read at the International Congress of Charities, Correction, and Philanthropy, Section 3, 1893.

ber of interesting and instructive results were obtained. The disinfectants with which I have made the experiments were moist heat in the form of hot water and steam, carbolic acid in three-per-cent. solution, a mixture of three-per-cent. carbolic acid and 1.5-per-cent. ordinary laundry soap in water, and 0.5-per-cent. solution of chloride of lime in cold water. Throughout, the strengths of the agents employed have been sufficient to insure disinfection of non-spore-bearing pathogenic organisms within one-half hour.

The results that I have obtained, stated in brief, are these,—viz.: white goods, including muslin, flannel, and cotton-flannel, when stained with blood or intestinal discharges, and the stains allowed to dry, and subjected to either hot water at a temperature of from 176° F. to the boiling-point, or when immersed for two hours in a solution of corrosive sublimate of the strength of 1 to 1000, have their stains so fixed that it is impossible to remove them subsequently by any of the ordinary methods employed in laundry work. Carbolic acid of the strength of three-per-cent. solution in cold water, alone or plus the addition of 1.5-per-cent. common laundry soap, which renders the acid more soluble, does not have the property of fixing these stains indelibly, even though the goods may be soaked in this solution for as long as eighteen hours.

Chloride of lime in the proportion of 0.5-per-cent. solution in cold water has also no effect in fixing the stains, and has likewise apparently no injurious action upon white fabrics that are exposed to it for a period of one hour. It is to be borne in mind that satisfactory results in disinfecting bedclothing and underclothing by this method, and at the same time ridding them of all unsightly stains, are only to be obtained when the entire process is carried on at a temperature not exceeding 100° F., for, as I have demonstrated, blood-stains and stains of intestinal evacuations, when partly removed from white goods by soaking them for from one to two hours in cold disinfectant solutions, may still be rendered partly indelible by the subsequent action of hot water.

They should, therefore, when the time necessary for disinfection has passed by, be removed from the disinfectant solution and thoroughly rinsed in cold soap and water until all traces of the stains have been removed; they can then be subjected to the usual processes of the laundry. I have found that blood-stains, both recent and old, are, contrary to what I had expected, more easily removed from white goods than are the stains of fecal matters; the latter, even when recent, but dried, are exceedingly difficult to remove. For the removal from white cotton goods of stains of this character, and at the same time for their complete disinfection, the solution of chloride of lime of the strength of 0.5-per-cent. acting for one hour has given me the best results, but

it is open to two objections—first, the difficulty of obtaining a preparation of this substance in which the proportion of available chlorine is at all constant, and, secondly, the objection frequently raised, for which I cannot vouch, that preparations of chlorine, when allowed to act repeatedly on cotton and woollen fabrics, cause them to deteriorate.

For these reasons I have given the preference to the mixture of carbolic acid and soap as recommended by Nocht (*Zeitschrift für Hygiene*, Bd. vii., 1889). The strength of the mixture is:

Carbolic acid, 3 parts;
Common soft soap, $1\frac{1}{2}$ to 2 parts;
Cold water, 100 parts.

The soap is to be dissolved in the water, after which the acid is to be added and the mixture thoroughly stirred. Experiment has shown that in this strength all non-spore-forming pathogenic organisms are destroyed in one-half hour.

Another mixture that is sometimes recommended, and upon which I have made a few experiments, consists of equal parts of crude carbolic acid and concentrated sulphuric acid dissolved in water to the required strength; this is not to be recommended for laundry purposes, as it not only gives rise to an unsightly dirty-yellow discoloration of both cottons and woollens, but has also, in my experiments, had some effect in fixing the stains. This preparation of carbolic acid is, moreover, of very doubtful value in the proportion of phenol contained in it, is but a few cents per pound cheaper than commercial carbolic acid, and, as just stated, possesses disadvantages which at once exclude it from use in the laundry. There are three grades of carbolic acid usually on the market,—viz., the crude, the commercial, and the chemically pure. The first is excluded from use for the reasons just given, while the third mentioned is relatively too expensive; the second, the commercial carbolic acid in the strength given, answers perfectly well for all practical purposes.

(To be continued.)

Do not indulge romantic ideas of superhuman excellence. Remember that the fairest creature is a fallen creature; yet let not your standards be low. If it be absurd to expect perfection, it is not unreasonable to expect *consistency*. Do not suffer yourself to be caught by a shining quality till you know it is not counteracted by the opposite defect. Be not taken in by strictness in one point till you are assured there is no laxity in others. In character, as in architecture, proportion is beauty.—HANNAH MORE.

HOSPITAL AND TRAINING-SCHOOL ITEMS

IN CHARGE OF
LINDA RICHARDS

At the annual meeting of the National Sanitarium Association, held at the National Club, Toronto, Canada, the third annual report of the association was presented. The work in the Muskoka Cottage Sanitarium—a sanitarium for consumptives—has shown most gratifying results. The institution was opened three years ago, and three hundred and seventy-one patients have been received; of these forty-seven are still under treatment. The great benefits of the system are shown by the following satisfactory figures: Number discharged apparently cured, fifty-seven; with disease arrested, ninety-five; with marked improvement, seventy-eight. Generally speaking, the patients have not remained long enough to reap the full benefits of the sanitarium. The average stay has increased each year, and this year amounted to one hundred and twenty-nine days. With a longer period of treatment there is no doubt that the results would be still more decided. Local physicians frequently advise those entering the institution to remain for a month or six weeks only. By the end of that period the more alarming symptoms have subsided and the patient leaves the sanitarium before permanent benefit has been obtained. This is one of the adverse conditions which prevents the attainment of the results towards which the management is steadily aiming.

At the beginning of the hospital year, October 1, 1899, forty-eight patients were present, and during the year one hundred and forty-one have been admitted, making a total of one hundred and eighty-nine. Of these forty-three were from the city of Toronto, one hundred and thirty from other parts of Ontario, four from other provinces of Canada, and twelve from the United States. Out of the total one hundred and twenty-two remained in the institution more than three months. Of these one hundred and nine gained in weight, six lost, and seven neither gained nor lost. The total receipts were nineteen thousand and twenty dollars, and the expenditure for the year amounted to over twenty thousand dollars. Two items of the expenditure show the expensive character of the treatment,—viz.: butcher's meat, three thousand one

hundred and forty-eight dollars, and milk, one thousand two hundred and sixty-three dollars.

The general policy has been to admit only those whose condition affords reasonable hope of cure. For advanced cases an infirmary is greatly needed, but this cannot be established without additional financial support. For the same reason the trustees are compelled to delay the opening of a free department for the poor.

Sanitarium treatment in Canada produces its wonderful results from the judicious combination of many agencies. The pure air, the dry climate, the strict regularity and constant out-door life, the careful supervision of exercise, the restriction of the diet to what is best suited to the patient, the sympathy of numbers all working to the same end, —all these are comparatively lost outside the institution.

For the second time since the dedication of the beautiful Isabella Graham Hart Memorial Home for Trained Nurses of the City Hospital, Rochester, New York, that institution has graduated a class. The event occurred November 20 at the home, which was specially arranged to meet the demands of these occasions. The beautiful rooms were filled with the graduating class and their friends, the managers, trustees, and patrons of the hospital, and others interested. Dr. Converse, who gave the address, said there was nothing more striking or of greater interest than the heights to which the profession of nursing had risen, and he thought this largely due, not only to the excellent training received, but to the high character of the professional nurses.

"There are two questions which should occupy the mind of the trained nurse when she goes out to take up her profession," said the speaker, "which are, How best can I fulfil expectations? and How best shall I be worthy of the confidence reposed in me? I say 'reposed,' because your training is known to be of the highest order, and therefore your profession invites confidence. And the answer to these questions is two-fold, by being true at all times to the highest ideal of womanhood, and by being true at all times to the highest ideal of your vocation.

"I put womanhood first designedly, but by doing so I do not invite you to a meagre disregard of your vocation, nor do I underestimate the intelligent judgment necessary if you are to meet in any measure the responsibility which will be yours in the years to come. But I put womanhood first, because there is no profession which must be allowed to swamp your personality and womanhood. You are not to be simply trained nurses, but women whose principal delight is in doing, and the other great factor which should govern your lives is to be true at

all times to a high ideal of your vocation. Only as we magnify and make honorable our vocation can we find that stimulus and inspiration which will keep us at our best in the discharge of our duties. It is the inner spirit and motive with which you perform your service that makes it great. Think largely and highly then of your vocation."

Dr. Whitbeck presented each graduate with her diploma. As he called her name, applause greeted each one as she went forward to receive it. Congratulations from all assembled were showered upon the graduates, who are Eleanor Theresa Hannan, Edna Laura Kent, Emma Arvilla Knowles, Lydia Brown, Lotta May Kelly, Alice Cecile White, Grace, Edith Peck, Rubie Alice Smith, Lucinda Abigail Thompson, Edith Annette Whitely, Mae Gertrude Connors, Anna Mae Cosgrove, and Harriet Gertrude Bedell.

NEAR Asheville, North Carolina, there is to be a Home for Consumptives, where people of small means can be cared for. Mrs. Mallory, of Southern Vermont, went to Asheville, and while she enjoyed the perfect climate and watched the recovery of wealthy invalids, she constantly thought of the hundreds of sufferers in New England who were dying of consumption and who could not visit the fashionable resort. So much interested was she that she started a very modest little home.

Her success led her to start a project which will benefit hundreds. The project includes the purchase of a large tract of land and the erection of large buildings, including a hospital. The property is to be held in trust by the Old Colony Loan and Trust Company of Boston. There will be out-of-door work provided for those who are able to earn their board. Some large subscriptions have been obtained for the home, and many churches are aiding Mrs. Mallory in her work of procuring the necessary money to purchase suitable property. The physicians of Asheville are giving their support to the work. The records show that thirty-five per cent. of the victims of tuberculosis who are able to go to Asheville are cured.

A building is now in course of construction on the corner of the tract which it is the intention to purchase. One hundred and seventy acres have been paid for, and Mrs. Mallory has the refusal of the remainder until September, 1901.

A Consumptives' Home in Denver, Colorado, has proved a great success, and it is the purpose to model the Asheville institution on the Denver plan, although it is likely to be a more modest and less costly enterprise. The Denver home has been built by contributions from the East. It is a model place, where sickness is never mentioned and where invalids conform to hygienic laws.

THE evening of November 10 was a "red-letter" evening in the history of the Training-School for Nurses at the Toronto General Hospital, Toronto, Ontario. It was the occasion of the annual graduating exercises of the school, and it marked the inauguration of the "Nurses' Home." For years the nurses have been living in quarters too small to properly accommodate them, and during the past five years with the increase in attendance the crowding has become a drawback. A year ago work was begun on the Nurses' Home. To-day it is finished, equipped, and occupied by nurses in training, who appreciate the beautiful quarters it is their privilege to occupy. Miss Snively, the lady superintendent, takes a keen delight in showing visitors through the home. For sixteen years she has occupied a small suite of rooms in the centre of the main building; now she has a very handsome suite at the eastern end of the home. It consists of a drawing-room, dining-room, and pantry, a sleeping-room, and bath-room. The entire suite is very handsomely furnished and complete in every detail.

The library and entrance hall of the home have been furnished very beautifully by Mrs. Francis French, of Davenport, Iowa. In the home are forty-two double and ten single bedrooms for nurses, besides bath-rooms and lavatories. The dining-room, always attractive, was made very pretty with its white chrysanthemums and smilax. And at the close of the exercises, refreshments were served from tastefully arranged tables.

ON the afternoon of November 16, under the auspices of the Board of Lady Managers, a lecture and tea were given in the Nurses' Home of Grace Hospital, Detroit, Michigan, the object being to raise money to assist in paying for the new piano which the Ladies' Board has lately provided for the home. The lecture, which was illustrated by photographs, was given by Miss Anna Culver on "The Congressional Library," and was greatly enjoyed by a large audience of ladies. The home was very prettily decorated with chrysanthemums and roses. Mrs. J. S. Newbury and Mrs. Senator McMillan presided at the tea-table, and a pleasant social hour followed the lecture.

Through the kindness of Mrs. J. S. Newbury the nurses of the Training-School are having a course of lessons in physical culture, given by Miss Harris, of the Michigan Conservatory of Music.

A NEW hospital, which is a monument to the hard work and energy of two women, has been opened at Thirty-sixth Street and Lake Avenue, Chicago. About a year ago two graduate nurses, Mrs. Genevieve Burgoine and Miss Margaret Elizabeth Dailey, the former of Johns Hop-

kins, of Baltimore, and the latter of the Illinois Training-School, Chicago, conceived the plan of establishing a hospital where delicate surgical cases could receive more expert care than is possible in the ordinary hospital. They set to work to raise money for the equipment of such an institution, and their efforts met with remarkable success. They raised between eight thousand and ten thousand dollars, and the results of their work can now be seen. It is the intention of the founders to care for as many charity patients as the number of paying patients will allow.

THE Rhode Island Hospital Nurses' Club, Providence, Rhode Island, gave a reception on the evening of November 13 to their new superintendent of Training-School, Miss Lucy C. Ayers, who takes the place of Miss E. L. Stowe. The reception was held in the parlors of the George Ide Chace Home for Nurses, and Miss Ayers was elected president of the club.

Words of welcome were spoken by a graduate of the school and also by a number of the senior class now in the school. Miss Ayers in reply thanked the nurses for the warm welcome and assurance of co-operation.

The house was very prettily decorated with flowers, and music was provided, refreshments were served, and a pleasant social time was enjoyed by all.

THE graduating exercises of the Farrand Training-School for Nurses, Detroit, Michigan, took place at the chapel of the First Presbyterian Church, corner of Woodman Avenue and Edmund Place, October 25, at eight P.M. Prayer was offered by Rev. Wm. O. Waters. A piano solo followed, then the address by Rev. Wm. B. Jennings, D.D. This was followed by a solo by Miss Emma Bryen. Diplomas were then presented by J. L. Hudson, president of the Board of Trustees, after which came a solo by Mr. Samuel J. Slade. This was followed by the presentation of badges by J. H. Carstens, M.D., chief of staff. At the close of the exercises a reception was given in the Nurses' Home.

PERTH AMBOY, New Jersey, is to have a new hospital, which is to cost fifteen thousand dollars. There will be a central building sixty feet wide with two wings (one on each side of the main building) twenty-four by fifty-one feet each. The wings are connected with the main building by corridors, which will be used as sun parlors. The site of the hospital, which is on elevated ground, was given by the Hon. Cortland Parker, who not only donated the eight lots on which the building will stand, but has given the association an option for five

years on the eight adjoining lots. It seems probable that work will be begun in a very short time.

PHILADELPHIA, Pennsylvania, is to have a model municipal hospital. It is the object of the board to make the Philadelphia Hospital the greatest municipal institution of its kind in this country, and equal or superior to the great European hospitals whose free clinics and opportunities for bedside medical and surgical teaching attract so many students from this country. A school for children's diseases will be established, as will be new pathological and bacteriological departments, and a Roentgen-ray department, all giving opportunities for free clinics to students at the different city medical schools and hospitals.

THE annual meeting of the governors of the Homœopathic Hospital, Montreal, was held November 22. The revenue and expenses were found to balance very nearly, and the small deficit carried to profit and loss account was by the president's handsome special donation of one thousand dollars turned into a surplus applied to reduction of debt. The lady superintendent reported seventeen graduates of the Training-School and ten nurses in training. The event of the year was the presentation of a new Nurses' Home, Maternity, and Laundry, by the ladies of the Women's Auxiliary.

NOVEMBER 22 was the opening day for the Vincent Memorial Hospital annex. The hospital is on Chambers Street, Boston, Massachusetts. The annex is a gift of Miss Emma F. Monroe, and is named the "Mary Lowell Stone Memorial Home for Nurses." It is connected with the other hospital building by openings on each floor, and these openings have fire-proof doors. On the top floor is an operating-room with all the necessary adjoining rooms. The first and second floors are for nurses. They have their own private entrance, and the sitting- and sleeping-rooms are very nice and complete.

THE Women's Hospital of the State of New York, New York City, held its forty-fifth annual meeting on November 22. Announcement was made that Mrs. Frederick Thompson, who some time since donated fifty thousand dollars, had added to that very generous gift one hundred and fifty thousand dollars to erect a Home for Nurses. Other important donations were five thousand dollars from Miss Caroline E. Hollis, five hundred dollars from S. D. Babcock, eleven hundred and seventy-three dollars from the Stewart Estate, and subscriptions of sixty-three thousand six hundred dollars for the new building.

Miss M. E. P. DAVIS, who was for more than ten years the very efficient superintendent of the University Hospital, Philadelphia, Pennsylvania, has been appointed superintendent of the Training-School at the Boston Hospital for the Insane, her duties to commence December 1. Miss Davis has had large and varied experience, and her work in this new direction is sure to prove successful. Able women are much needed in hospitals for the insane, and it is to be hoped that the time is not far distant when every insane hospital will have its training-school with an efficient superintendent of nurses at its head.

THE graduating exercises of the Cleveland General Hospital, Cleveland, Ohio, took place November 8. The exercises were held in the amphitheatre of the hospital, and a large number of friends were present. There were addresses by Rev. Dr. Picard and J. C. Aldrich, M.D., violin solo by Mr. F. W. Hicks, and reading by Mr. W. J. Hoppe. The diplomas were given by Dr. C. B. Parker. Miss E. M. Smythe, superintendent of the school, awarded the badges. Refreshments were served at the close of the exercises.

WORK was commenced about the middle of November on the new sanitarium to be built at Mound City, Southern California, by the Linda-Loma Health Resort Association, which is composed of Los Angeles and Redlands physicians. The former hotel building at Mound City will be remodelled, and several new five-room cottages are to be erected. All will be provided with steam heating and thorough sanitary plumbing. The improvements will involve an expenditure of over forty thousand dollars.

A NEW six-story fire-proof building is to be added to the group of structures belonging to the Medico-Chirurgical Hospital, Philadelphia, Pennsylvania. It will have a frontage of one hundred feet, and will be forty-one and a half feet deep. It will have a polished granite base five feet high. The upper walls will be constructed of brick. Tile floors and partitions will be used in construction. The building will contain private rooms, private operating-rooms, and will be fitted with the latest hospital appliances.

At a meeting of the directors of the Jewish Hospital for Consumptives, on Sunday, November 11, at Cincinnati, Ohio, the society which has controlled the Jewish Hospital at Denver, Colorado, was enlarged into a national association. Thirty-five directors were elected to represent the various parts of the country. The hospital at Cincin-

nati, which has a capacity for sixty-five patients, has been filled to overflowing, and is to be enlarged to accommodate one hundred and fifty.

At the Royal Victoria Hospital, Montreal, Canada, there have just been installed new systems of heating and ventilation. Upon neither system is the work completed, but both, it is expected, will be in working order in two weeks. The cost entailed will be over sixty thousand dollars. These alterations are to obviate deficiencies which have existed since the institution was first opened to the public. In both particulars the equipment is now placed upon a most satisfactory basis.

THE supervisors of Riverside, San Bernardino County, California, have formally accepted the new County Hospital just completed in the city of Riverside. The equipment of the hospital is very complete, according to the most modern standards. The building is steam-heated and wired for electricity. It was expected to be ready for occupancy by or before December 1.

THERE is to be a new hospital built at Salisbury, Maryland, within a year. It will have a centre building four stories high. The rooms on the first story will be used for physicians and officers. The second, third, and fourth floors will be for private patients. There will be two wings, each three stories high. Each floor in the wings will have a ward for eleven patients.

THE new annex to Ward 23, Bellevue Hospital, New York City, was formally opened on the afternoon of November 22. It was consecrated by Rev. Dr. William E. Huntington, rector of Grace Church, who held a brief service. The annex has one of the best-equipped operating-rooms in the city. It is the gift of a wealthy woman whose name is not given.

THE annual report of the Government Hospital for the Insane shows a total of two thousand and seventy-six patients, an increase of one hundred and thirty-eight, the largest in its history. There are nine hundred and fifty-eight taken from the army, navy, and marine hospital service, of whom two hundred and fifty-six were received during the past year.

THE new building at the Delaware Hospital, Wilmington, Delaware, will be completed in a short time. The hospital will be one of the best equipped in the section when the new building is completed, and will have ample room to accommodate the patients who may be sent there. Recently the hospital has been very much crowded.

TRINITY HOSPITAL, at 50 Varick Street, New York City, New York, which has been closed since May for repairs, was reopened October 15. This hospital, which has been under the management of the Sisters of St. Mary for many years, will hereafter be under the secular superintendent, the Sisters having withdrawn.

THE improvements at the United States Naval Hospital, Chelsea, Massachusetts, are nearing completion. The improvements include a general overhauling of the buildings and grounds, and the construction of a new granite building three stories high and fifty by eighty feet. The entire cost of the changes made is forty-five thousand dollars.

THE bazaar held in Windsor Hall, Montreal, Canada, on November 24, under the auspices of the Homœopathic Hospital, was very successful. The nurses' stall was draped in blue and white, the hospital colors, and was in charge of nurses. The bazaar is under the patronage of Her Excellency the Countess of Minto, but there was no formal opening.

At Hotel Dieu, Quebec, Canada, on November 30, an operation for appendicitis was performed without ether. Cocaine was injected, and the lower part of the patient's body was rendered insensible to pain, and he was thus able to see the operation without feeling the operator's knife.

ST. VINCENT HOSPITAL, Birmingham, Alabama, was opened for inspection on Thanksgiving Day. Mass was celebrated in the chapel by Right Rev. Edward P. Allen, Bishop of Alabama, after which the building was dedicated. The hospital opens with a bed capacity of two hundred, of which sixty or seventy will be free patients.

THE removal of the Wisconsin General Hospital, Milwaukee, to its new site has been completed. The institution, which will be known in the future as the Lakeside General Hospital, is now provided with commodious and well-arranged wards.

BUFFALO GENERAL HOSPITAL, Buffalo, New York, is to have a new wing, the cost of which will be thirty-five thousand dollars. It will be of yellow brick and terra-cotta, and will correspond to the addition recently built on the northeast wing.

MISS MIRA HERSHEY, of Muscatine, Iowa, daughter of the late millionaire lumberman, Benjamin Hershey, has purchased ground for the site of the public hospital which she will erect and donate to the city.

OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF

MARY E. THORNTON

CONGRESS OF NURSES.

IN the work of forming a committee to convene a Congress of Nurses in Buffalo next summer, the officers of the Alumnae and of the Superintendents' generally felt that the committee should be broadened so as to represent, as far as possible, all the different trends of evolutionary activity among nurses.

The officers of the Buffalo Association were consequently persuaded to stand on the committee as a whole representing the general club idea, and all of the American members of the International Council as representing the cosmopolitan and council idea.

A letter of invitation was then prepared as below, which is being distributed as widely as possible, and a short business letter followed, asking for delegates from nursing organizations.

The committee desire it to be made known that it is their wish not to overlook any such organization, and if this should unintentionally happen, the secretary of such association is asked to communicate with the secretary *pro tem*.

As this is the first time that American nurses have attempted the entire management of a nurses' congress, they hope to carry it out in accordance with the traditions of Western hospitality.

CONGRESS OF NURSES

TO BE HELD IN

BUFFALO, NEW YORK STATE, U.S.A.

IN THE

LAST WEEK OF SEPTEMBER, 1901.

ORGANIZATIONS OF NURSES REPRESENTED BY THE COMMITTEE ON
CONVENING CONGRESS:

THE BUFFALO NURSES' ASSOCIATION.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES.

THE ASSOCIATED ALUMNAE OF TRAINING-SCHOOLS FOR NURSES OF THE UNITED STATES.

THE INTERNATIONAL COUNCIL OF NURSES.

"INVITATION TO CONGRESS OF NURSES.

"The new century is near, and it must be the desire of all people that it may bring with it new promises for peace and hope and opportunity of rising into a higher and fuller life for all humanity.

"First among the impulses towards a more real and satisfying existence is the wish for acquaintance, the desire to establish friendly relations, the reaching after personal contact: that we may know our fellow-workers in other lands, exchange our thoughts with theirs, and feel the magic of association in common interests,—this is the spoken and unspoken urgency of to-day.

"We nurses feel this universal motive. Scattered over the earth, doing the one work wherever we are, we feel the need of knowing one another; we need one another's help, counsel, encouragement; we need to compare our methods, our aims, our results; we need organization, for our own strengthening, and for the perfecting of our ideals.

"Next September, in Buffalo, one of the Lake Cities of New York State, the people of Pan-America will meet in friendly gathering to commemorate the New Time.

"We American nurses, who also look forward to assembling within the hospitable walls of the Exposition City during the Pan-American celebrations, desire to make this occasion one for inviting a Congress of Nurses to gather here from all parts of the world. The Buffalo Nurses' Association offers a warm welcome and hospitality to all; the two oldest of our nurses' associations, the American Society of Superintendents and the National Alumnae, have already planned to hold their annual conferences there; the International Council of Nurses, lately formed, in which the United States and Canada have representation, will hold its second business meeting at the same time; and, we hope, our Order of War-Nurses may gather there also.

"It will be a rallying-time such as does not often come in our busy lives, and we therefore call upon you, our sister nurses of all lands, to meet us and let us meet you, in a congress where we may lay the foundations of new international affiliations to our mutual enrichment and to the upbuilding and advancement of our chosen work.

Signed,

"ANNIE DAMER,

President Buffalo Nurses' Association; Member Board of Women Managers
Pan-American Exposition.

"MRS. THOMAS MORLEY,

First Vice-President Buffalo Nurses' Association.

"CAROLINE STEELE,

Second Vice-President Buffalo Nurses' Association.

"JEANNETTE OLIVER, M.D.,

Recording Secretary Buffalo Nurses' Association.

"SYLVEEN A. NYE,

Corresponding Secretary Buffalo Nurses' Association.

"ADELAIDE MARSTON,

Director Buffalo Nurses' Association.

"MARGARET SIMPSON,

Director Buffalo Nurses' Association.

"A. T. GREENWOOD,

Director Buffalo Nurses' Association.

- "EMMA J. KEATING,
Superintendent of Nurses, Erie County Hospital; President American Society of Superintendents of Training-Schools for Nurses; Second Vice-President Associated Alumnae of Trained Nurses of the United States.
- "ISABEL MCISAAC,
Superintendent of Nurses, Illinois Training-School; ex-President American Society of Superintendents of Training-Schools for Nurses.
- "ISABEL MERRITT,
Superintendent of Nurses, Brooklyn City Hospital; First Vice-President American Society of Superintendents of Training-Schools for Nurses.
- "SOPHIA F. PALMER,
Superintendent Rochester City Hospital; Second Vice-President American Society of Superintendents of Training-Schools for Nurses; Editor-in-Chief AMERICAN JOURNAL OF NURSING.
- "ANNA L. ALLINE,
Late Superintendent of Nurses, Brooklyn Homœopathic Hospital; Treasurer American Society of Superintendents of Training-Schools for Nurses.
- "LAVINIA L. DOCK,
Secretary American Society of Superintendents of Training-Schools for Nurses; Secretary International Council of Nurses.
- "C. E. MILNE,
Superintendent of Nurses, Presbyterian Hospital, Philadelphia; Auditor American Society of Superintendents of Training-Schools for Nurses.
- "ALICE A. GRISWOLD,
Superintendent of Nurses, Boston Homœopathic Hospital; Auditor American Society of Superintendents of Training-Schools for Nurses.
- "M. ADELAIDE NUTTING,
Superintendent of Nurses and Principal of School for Nurses, Johns Hopkins Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses; Councillor International Council of Nurses.
- "MARY M. RIDDLE,
Superintendent of Nurses, South Department, Boston City Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses.
- "ANNIE McDOWELL,
Superintendent Newton Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses.
- "LINDA RICHARDS,
Superintendent of Nurses, Taunton Insane Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses.
- "MARY A. SNIVELY,
Lady Superintendent Toronto General Hospital; Councillor American Society of Superintendents of Training-Schools for Nurses; Treasurer International Council of Nurses.
- "ISABEL HAMPTON ROBB,
Late Superintendent of Nurses and Principal of Training-School Johns Hopkins Hospital; President Associated Alumnae of Trained Nurses of the United States; Councillor American Society of Superintendents of Training-Schools for Nurses.

- "EMMA C. HACKETT, M.D.,
First Vice-President Associated Alumnae of Trained Nurses of the United States.
- "TAMAR HEALY,
Treasurer Associated Alumnae of Trained Nurses of the United States.
- "MARY R. THORNTON,
Secretary Associated Alumnae of Trained Nurses of the United States.
- "ANNIE MURRAY,
Late Superintendent of Nurses, Royal Victoria Hospital; Councillor International Council of Nurses.
- "AGNES BRENNAN,
Superintendent of Nurses, New York Training-School attached to Bellevue Hospital; Councillor International Council of Nurses.
- "LUCY QUINTARD,
Superintendent of Nurses, General Hospital, Puerto Principe, Cuba; Councillor International Council of Nurses.
- "LUCY WALKER,
Superintendent of Nurses, Pennsylvania Hospital, Philadelphia; Councillor International Council of Nurses.
- "HANNA KINDBOM,
Late Instructor of Clinical Nursing, University of Texas; Councillor International Council of Nurses.
- "MAUD BANFIELD,
Superintendent Polyclinic Hospital; Councillor International Council of Nurses."

[This letter is accompanied by a short business letter asking for delegates from all bodies of nurses.]

"To the Nurses of New York State.

"It is appropriate that at this time some information should be given of the progress of the proposed 'New York State Nurses' Association.' It was the intention of the committee that the matter should, if possible, be brought to the attention of every recognized hospital and of every trained nurse in the State, but as no directory of either exists, it has been found difficult to reach all.

"A list was made out which was intended to include all hospitals in the State in which a training-school existed or where trained nurses were employed. They were divided among the committee, with a request that they communicate with the superintendent and the graduates of the school, acquainting them with the plan and asking their co-operation and support, and requesting them to send delegates to the first meeting.

"The time and place of the meeting cannot be definitely settled until reports are received from all members of the committee."

"Albany has been suggested as a desirable city in which to hold the meeting, and the time will be decided as soon as the reports are all in. The members of the committee are all busy women, who have manifold duties besides organization work. Sympathetic and cordial responses have been received from many hospitals, and nurses have invariably shown much enthusiasm. We have no

doubt of the support of our profession. Our experience thus far indicates that the nurses of this State will act as a unit, and we also have reason to believe that we shall have the support of the medical profession. We should, for the interests of physicians and nurses are identical.

"In conclusion we wish to say: Due notice will be given of the time and place of the meeting through the nursing journals, and each hospital and alumnae association will also be informed. They would be announced at once if the reports from all the committee justified a decision.

"We also wish to say that we have endeavored to reach, either directly or indirectly, every hospital and every nurse in the State. It will be readily understood that with no records or directory for assistance some may have been omitted. We want all to know that no neglect is intended, and we will consider it a kindness if any such omission be reported to the chairman.

"SYLVEEN V. NYE,

Chairman of Committee.

"404 PRUDENTIAL BUILDING, BUFFALO, NEW YORK."

RESOLUTIONS FORWARDED TO MISS STOWE

At a meeting of the Rhode Island Hospital Alumnae Association held on November 19, a committee appointed presented the following resolution:

"To Miss Emma S. Stowe.

"The members of the Rhode Island Hospital Alumnae Association wish you to know how sincerely they regret your departure from the hospital.

"During the nine years in which you have stood at the head of our Training-School, you have been always ready with words of sympathy and advice, and eager to do all in your power for our welfare. We feel that your aim is to maintain a high standard for nurses, and the recollection of your faithful, conscientious work inspires us to keep the standard where you have placed it.

"May the long-needed rest restore you to vigorous health, and enable you to take up your work buoyant and refreshed.

"Could we select for you, we should have you near us, and in a path richly glowing with sunshine.

"Signed on behalf of the association,

"SARA SHEARER GOWING,

"ELLEN A. KENNY,

"MARGARET WILSON."

The resolution was unanimously adopted, and it was voted that it be placed upon the records, and a copy forwarded to Miss Stowe by the secretary.



BOSTON, MASSACHUSETTS

THE Alumnae Association of the Massachusetts Homœopathic Hospital held its annual dinner at Hotel Vendome, Tuesday, November 6. This proved one of the most successful gatherings of the association. The private dining-hall was tastefully decorated, an excellent dinner served, and a large number were present to enjoy it. After the dinner Dr. Abbott, of Boston, was introduced by the president and spoke on several questions of interest. Her remarks were followed by those of Miss Alice A. Griswold, superintendent of the Training-School, who spoke particularly of army nursing. Good music was provided, and all felt it to be a most profitable entertainment.

PRESBYTERIAN ALUMNÆ OF PHILADELPHIA RECEIVE A DONATION

At a meeting of the Alumnae Association of the Training-School for Nurses of the Presbyterian Hospital in Philadelphia, held October 21, 1900, the announcement was made to the members that the sum of six thousand dollars had been given to the hospital for the endowment of a bed in the hospital for the benefit of members of the Alumnae Association.

This generous gift was the contribution of Mr. James T. Magee (a trustee of the hospital), together with his brother, William S. Magee, as a memorial to their father, Michael Magee, and under the following conditions:

"First. That the said bed shall be for the use of the members of the Alumnae Association of the Training-School for Nurses of the Presbyterian Hospital in Philadelphia.

"Second. That if said association at any time hereafter shall cease to exist, the bed shall be held by the hospital for the use of the graduate nurses of its Training-School.

"Third. That if the said association shall at any time hereafter make a contribution of four thousand dollars to the hospital it shall become entitled to the use of two free beds (one of which to be in its own name), or of a room in the Pay Patient Department of the hospital, the same as if the whole ten thousand dollars had been contributed by said association."

At the same meeting of the association the resolution was passed, unanimously, authorizing the contribution to the hospital of two thousand dollars, the sum in the treasury of the association at the present

date, to be added to the six thousand dollars for the further endowment of the bed for the use of the members of the Alumnae Association.

A series of classes are being held by the Alumnae Association every Monday afternoon at four P.M. in the parlor of the Nurses' Home, 28 North Thirty-ninth Street. These classes are on current events and are conducted by Miss Annie M. Earle, commencing in November and continuing through January. In these classes the society is joined by the members of the Alumnae Associations of the Pennsylvania and University Hospitals.

PATERSON GENERAL, NEW JERSEY

At the meeting of the alumnae, held on December 4, the question of increasing the interest of members and procuring a better attendance at meetings was discussed, and at four P.M. Dr. Stewart, of Paterson, addressed the alumnae; subject, "Auto-Suggestion."

NEW YORK CITY

BELLEVUE HOSPITAL ALUMNÆ are having a course of lectures by Mrs. J. T. Duryea on "Life and Character Building." The first was given on November 15 to a very large attendance.

RICHMOND, VIRGINIA, NURSES' CLUB*

ONE of the most attractive, cosy homes in the city is that on the corner of Twelfth and Marshall Streets, where the "Nurses' Club" has its head-quarters. The house is a big, roomy, three-story brick, and is approached through a well-kept front yard.

The Nurses' Club is an adjunct of the Alumnae Association of Graduate Nurses of the Old Dominion Hospital, and its members are composed of these graduate nurses. The club was founded in 1898 by Miss Cabiniss, superintendent of the Old Dominion Hospital, for the purpose of providing a home for those nurses who should take up their profession in this city. Mrs. Durand was placed in charge, and since then all the domestic affairs of the establishment have been under her care.

When one enters the front hall of the Nurses' Club he is impressed by the air of comfort and refinement that pervades its every arrange-

* Taken from *Richmond Daily*.

ment. To the left is the parlor, a square, sunny room, fitted up with taste. It is a pretty room, and an open piano and a guitar, resting on the many-cushioned "cosey corner," give evidence of its frequent use.

Downstairs, in the roomy basement, two large rooms are used—one for the dining-room, and the other as a sitting-room, or for a sewing-room.

The bedrooms are bright and airy and prettily furnished. Their white iron beds, and crisp white curtains at the windows give them an air of freshness which is most attractive.

The occupants of the "Nurses' Club" now are Misses E. M. Washington, of Washington, D. C.; M. J. Moore, Natural Bridge, Virginia; C. H. Hudson, Eastern Shore, Virginia; E. N. Kellam, Eastern Shore, Virginia; R. C. White, Eastern Shore, Virginia, and Frances Jones, of Lynchburg, Virginia.

The young ladies who now live at the Nurses' Club are, with one or two exceptions, the same ones who were there when it was founded. Though none of them are originally from this city, they have made it their home, and follow their profession here.

The Alumnae Association of the Old Dominion Hospital, under whose auspices the club was founded, has recently been admitted to the Associate Alumnae of Trained Nurses of the United States. This association has for its aims the advancement of its members in professional work, the promotion of good-fellowship among nurses, a beneficent fund for sick-nurses, and a club for resident nurses. Its annual meeting is held on the Wednesday following the graduation exercises in June, and afterwards a banquet is given. The former banquets have been given at the Jefferson Hotel and at the Lakeside Inn.

All the members of the association are in sympathy with the Nurses' Club, though many of them, for various reasons, do not live there. Some reside in Richmond, and others work in other cities.

When, however, a member of the association visits Richmond, she generally is made the guest of the Nurses' Club.

The officers of the Alumnae Association are: President, Miss H. W. Barney; vice-president, Miss E. N. Kellam; secretary and treasurer, Miss R. E. Van Vort; Misses F. P. Ellyson, A. F. Hudson, E. M. Washington, E. N. Kellam, C. W. Krauthier, C. T. Woods, C. H. Johnston, Eloise Johnston, B. R. Wilson, H. W. Barney, L. G. Denzler, C. V. Austin, M. J. Moore, R. C. White, Frances Jones, A. W. McClung, E. H. Webb, M. E. Sweeny, R. E. Van Vort, J. I. Scott, and Mrs. J. Louis Douthat, *nee* Kerns.

CLEVELAND, OHIO

THE fifth monthly meeting of the Graduate Nurses' Association of Cleveland was held at the Lakeside Hospital on November 27, at two P.M. Thirty-five members were present. After the regular business of the society was disposed of, Mr. Starr Cadwalader, superintendent of the Goodrich Social Settlement of Cleveland, was introduced to the meeting. Mr. Cadwalader in a short address sketched the origin and development of the University Extension and Social Settlement work, and in addition told something of what had been accomplished in Cleveland.

In the discussion which followed the members showed a marked interest, several of them expressing the hope that in the near future this organization might be of practical assistance in providing suitable nursing for the poor of the city.

The next meeting, to be held in December, will be of a social nature, with a short talk and general discussion on nurses' settlements. The society is ambitious to form the nucleus of a nurse's settlement in Cleveland, and hopes at that meeting to receive some practical suggestions.

A QUESTION ANSWERED*

A REPLY TO THE QUESTION OFTEN ASKED, "OF WHAT BENEFIT WILL THE ASSOCIATED ALUMNÆ BE TO ME?"

I AM a nurse—self-supporting, self-dependent, and hard-working. The profession of nursing which I have adopted is severely exacting, often closely confining, and frequently carried on under the saddest and most distressing circumstances. If I concentrate my whole being on it and devote my entire self to it,—to the exclusion of all else,—I become a one-sided person, a creature with but one set of ideas. I lose all else of life and am almost a machine—a skilful one, perhaps, a tender one, perhaps. But is this the end for which I was created? May I not labor with love at the work which I chose among the sick and suffering, without having to give up all touch with the world of vitality, of energy, of growth, of struggle towards advancement? Must the whole world go on and I stand still? I can see around me my sisters, who—in churchly orders, in semi-military organization—have so renounced all else that they might devote themselves only to this one work. What does my reason teach me of the result of their lives and

* Read before the Third Annual Convention of the Associated Alumnae of Trained Nurses, held at New York, May 3, 4, and 5, 1900.

unselfish labors? Why, that in spite of all their heroic virtues, of unselfish tenderness, courage, and faithfulness, they pass away, leaving everything just the same as it was before. Their lives are spent in mitigating suffering, but the supply of suffering is not lessened by their self-sacrificing devotion. They raise no voice of protest against the many needless causes of human suffering. They do but obey. But obedience is not the highest attribute of the human being, neither is self-abnegation, nor self-effacement in ministering service.

I am a woman, and standing singly and alone I am but a feeble human unit. My voice alone is not heard far. My efforts alone do not reach far, for I am not one of those great and gifted ones who rise once or twice in a century and whose lighted candle shines so that the whole world may see it and feel its rays. I am only one of the plain people, of whom Lincoln said, "God must love them, because He made so many." I tread daily a little, restricted circle. I long for a wider and fuller life. I see around me other people moving in larger paths, radiating influence, exerting unimagined strength, and full of enthusiastic purposes. I watch them and see that it is because they are moving in harmony and supplementing one another's efforts that they have more freedom, more power, and more meaning than I. Cannot I do the same?

You are here to-day because you have felt this urging to a fuller life, and because you feel the attraction of this power of union. Yet there are those who, still walled in by the narrow life, ask you, "What good will association be to me?" "What will this association do for me?" What may it *not* do for me? Let us rather ask, "What good is there that I may *not* attain through the combined strength and courage of all my fellows?" The little morsel of protoplasm upon the shore might ask, "What good will association do for me?" The brain-cell or cardiac fibre in the pause of the thrilling, intense, and necessary share of a rich and complicated life knows what association can do.

I cannot tell all that this association can do for me in the future, when I have attained to capacities which I do not now possess, but it will do much for me at present.

First. It will give me self-confidence; help me in adjusting and expressing my ideas; make me a better-balanced and more steadily poised woman than I now am.

Second. It will lessen my egotism, the result of a narrow and self-centred life, and diminish that provincial spirit which makes me see myself in the centre of the universe out of all proportion to everything about me.

Do these two statements seem contradictory? They are not so.

Self-confidence comes as self-conceit goes. Balance and solidity are only reached when a true sense of proportion is gained. When I go about the world with a chip on my shoulder it is because I have not yet outgrown the mental habits of primitive man.

Third. It will enlarge my horizon to meet with my fellows. They will stimulate me with their different ideas and ways, and I may in turn help them in the same way.

Fourth. I shall gain from my association new powers for achievement and new prestige with the public. Such things as I might not be able to do alone I can do as one of a body, animated by the common motive of all its members, and other persons and other organized bodies, who would not look at me a second time if I went before them as an individual, will offer me consideration and regard me with interest as one of a united force of wills and purposes. So strengthened, I can hope to exert an influence such as would be undreamed of by me in my single and unassociated capacity. I may hope through my association to have a place in the affairs of the world; to be welcomed in the councils of other women—and men too; to be considered as a factor in the works of reform, of education, and of progress.

The ministers say every sermon should have a practical application, and it is time for mine to be made.

The work of trained nurses is becoming more responsible and more important every day, but no legal or professional restrictions or conditions are imposed upon us by the public. Hospital managers who wish to open a training-school may do so without supervision, check, or restraint. We are held to the full responsibility. But they, who should be first so held, are not responsible. Shall we go on so, content if we make our own two ends meet, without thinking of the future? To whose hands shall fall the task of regulating the future status of nurses? If we do not seize it, we may find too late that others have done so, whose ideals are not ours, and whose standards hold us in a condition of servitude. It must be *our* responsibility to study the whole question of the nurses' education. *We* must take an interest in the future of nurses yet untrained. Singly we can do much. Together we can do more. This is one of the greatest things the association can do for me, that it can enable me to make definite, clear, systematic connections with all persons, be they individual or in masses, who have anything to do with educational standards in nursing. And then the next question that arises is, "What can *I* do for my association?" This you will all have to answer.

And let me also say to you, timid or indolent and indifferent souls who are not here to-day, that even if you will not take the trouble to

take part in federated life, even while you sit back and say, "The association is no use to me," it is not true. Whether you will or not, you benefit by it, and cannot help but be so benefited. What it strives for and accomplishes affects you; what it gains is a gain to you; what position it reaches for the elevation of nurses is reflected on you. If you doubt this, inquire of college men and women, inquire of labor unions among working men and women, and learn that the advantages gained by an association are shared by those who have *not* joined it, as well as by those who have. The victories gained by labor unions have an influence in keeping up the wages of the man who will not join the union, who does not see "what good it will be to him," and the standard of collegiate education attained by the striving of public-spirited minds working in voluntary association helps to lift the little, narrow private school out of its individual self-complacency.

Let us, then, associate closely and widely. It will be such an education for us as we can never receive in any other way. It will bring such stimulus and interest into our lives as we cannot now imagine. Let us associate together, all over our own country, and presently it will not be wide enough, and we shall want international organization to bring us into friendly and helpful relations with nurses and other workers of other lands. There are some farther ahead than we, and others not so far. These we may in turn help and strengthen, while trying to catch up with those who have gone on. We do not now at all realize what we may thus be to others, or how much they may need us.

Let me suggest in closing that the association will be of more good to us and we to it in proportion as we construct our membership liberally and in a flexible system; similarity of ideas, equality of aspiration towards ideals, would be a better membership basis for us than similarity of examination-papers and diplomas.

In our present formative stage we need not so much to demonstrate a certain present standard as to unite in common effort all those desirous of working towards a higher standard for the future.

[Each number will have, in this department, one of the papers read before the convention of May, 1900; the one on "Hourly Nursing" will no doubt be of special interest to "Graduate Nurse," who asks in the Christmas number for suggestions as to methods of starting such work in New York City.—Ed.]



FOREIGN NEWS

IN CHARGE OF
LAVINIA L. DOCK

ORGANIZATION NOTES AND CURRENT EVENTS

WE welcome the news of a newly founded club of nurses in Dublin. Our special correspondent wrote us of it, also Miss Huxley, matron of St. Patrick Dun's Hospital, in Dublin, who promises us some later items regarding it.

The editor is in receipt of a cordial letter from the secretary of the new association in Holland which we have mentioned before. It will exchange journals with us, and we believe that in its members we have found friends. We hope to see some of them at the Buffalo Congress.

Extremely interesting and important are the newest developments in organization in England, as noted below by our English correspondent.

LETTERS

FROM OUR ENGLISH CORRESPONDENT

DEAR EDITOR: Since my last letter I have received the two numbers of THE AMERICAN JOURNAL OF NURSING, and must tell you how much pleasure their perusal has given me. Most of all, I am glad to find that, like our own *Nursing Record*, it rings true on the subject of State registration, and, as I have learned to believe that American nurses, when they desire a thing, generally manage to obtain it, I shall watch with the greatest interest your progress towards the attainment of this measure, of vital interest to nurses the world over, for it means no less than their professional enfranchisement.

STATE REGISTRATION.

The friends of State registration here were delighted that Miss Louisa Stevenson, a member of the Board of Management of the Edinburgh Royal Infirmary and a vice-president of our National Council of Women, endorsed it in an able paper on "The Work of Women on Hospital Boards," which she read at the recent conference of the National Council of Women at Brighton.

Miss Stevenson does not express her adhesion to any scheme until she has given it her careful consideration, and, as her judgment is much respected, her publicly expressed conviction on this subject is very encouraging. She said: "Nurses, however well trained, however efficient physically, mentally, and morally, will never obtain either the position or the pay to which the best are entitled until the public has the means of differentiating between the good and the bad, between those claiming high pay and those claiming lower, by

some other means than pleasant or painful experience, as the case may be, in time of sickness or distress.

"After much consideration, I have come to the conclusion that the remedy for the present unsatisfactory state of things will be found in a comprehensive system of State registration for nurses. This in the interests of the State, the general public, hospitals and private patients, and of the nurses themselves.

"To formulate such a system will require the help of the very best of those women who have knowledge and experience in nursing matters. It must, as I said, be comprehensive, and must not be grown in a mould, but be planted like a tree and allowed to develop in the sunshine of good mental and moral influences.

"Examination for admission to such register should be 'pass,' not competitive, and should be intrusted to some extent to nurses of position and experience.

"Pending registration, every hospital certificate should set forth the duration of each branch of the training given, so that employers may be able to judge if a nurse has had the experience qualifying her to take the care of any special case."

A second question discussed at the Brighton Conference of importance to the nurses of all nations was brought forward in the following resolution by the Countess of Aberdeen:

REPRESENTATION ON THE INTERNATIONAL COUNCIL OF WOMEN.

"That it is desirable that National Councils be accorded a larger representation upon the International Council at its business meetings, and that an expression of the opinion of this council upon the subject be sent to the president of the International Council, in order that it may be placed upon the agenda of the Quinquennial Council meeting in 1904."

Mrs. Bedford Fenwick supported the resolution and considered it eminently desirable that there should be much greater facilities for the expert representation of the various classes of women workers in the International Council. It was not possible that only three delegates could efficiently voice the needs and aspirations of great bodies of professional and industrial workers, and speaking as a trained nurse she must confess that deeply as she respected the three British delegates who took part in the last Quinquennial, she could not feel they were qualified to deal with nursing questions had these arisen.

There is no doubt of the need of increased representation of National Councils in the International. The United States, for instance, at the Berlin meeting in 1904, will be entitled to three delegates only. All the various branches of work in which women are engaged,—political, philanthropic, professional, and industrial,—cannot thus be adequately represented, as they should be.

THE NATIONAL COUNCIL OF NURSES.

The Matrons' Council has given much time and thought during the past six months to the best plan of organization for the National Council of Nurses. The Executive Committee, after careful study, sent in a report to the council which may be summed up as follows:

"It being felt to be important that the matrons (representing the superintendents of this country) should be adequately yet not unduly represented,

it was proposed that an Association of Societies of Certificated Nurses be first formed under some suitable inclusive title, and that this society, when formed, should affiliate with the matrons to form a National Council of Nurses, in which these self-governing societies would be represented by delegates." This report was favorably considered by the matrons at their November meeting, and steps were taken to carry out its provisions.

A constitution for "The National League of Certificated Nurses of Great Britain and Ireland" is, consequently, now under revision, its objects being set forth as follows: "To establish and maintain a code of ethics; to elevate the standard of nursing education; to promote the usefulness and honour, the financial and other interests of the nursing profession."

The qualifications for membership are as follows:

"Associations of nurses having the following qualifications will be eligible for affiliation with the National League:

"1. Associations composed of graduates of schools of nursing connected with general hospitals of not less than fifty beds, giving three years' full training in the wards of the hospital, and certification after examination.

"2. Associations, composed of graduates of schools of nursing connected with Poor Law infirmaries of not less than two hundred beds, giving three years' full training in the wards of the infirmary, and certification after examination, and whose training-schools are recognized by the Local Government Board.

"3. Professional associations of nurses formed for the benefit of nurses, the members of which hold the qualifications of training as defined above."

The growth of the National League will probably be slow, but its promoters will be satisfied if it unites those nurses who value professional freedom and who realize that with organization comes responsibility.

THE HOSPITAL COMMISSION.

Much interest has been taken in the Royal Commission on South African Military Hospitals and in the evidence of Mrs. Richard Chamberlain, who, after working at the Cape for ten months, brought a very serious indictment against the Army Medical Department.

Her chief points were its general state of disorganization, want of method in classifying patients, lack of appliances and of adequate nursing arrangements, wasteful housekeeping owing to lack of supervision, defective sanitary arrangements, culpable carelessness in the treatment of lunatics, and the fact that army doctors removed from hospitals for drunkenness were sent home in charge of invalids on transports.

Mrs. Chamberlain's chief complaint was against the present system of military hospitals, from which these evils in her opinion arose. Being in no way bound to secrecy by the bonds of official etiquette, she was able to speak quite frankly. Her evidence, which was wonderfully lucid, is a curious contrast to the silence maintained by the Army Nursing Service Reserve, and to the approval of present conditions expressed by members of the R. A. Medical Corps.

Distressing as are all these exposures, one may hope that the complete reorganization of the Army Medical Department and of the Nursing Service and Reserve will be the result. The new Secretary of State for War, the Rt.

Hon. St. John Boderick, has the chance of a lifetime in his present opportunity to provide for the empire's soldiers the best medical treatment and nursing care, which a grateful nation is eager to supply.

Yours cordially,

UNION JACK.

[The story of the recent action of St. Thomas's Hospital, London, in revising and raising its requirements is held over until the next number.—Ed.]

FROM OUR CORRESPONDENT IN ITALY

OSPEDALE CLINICO, NAPLES, ITALY.

. . . Have I told you how I started my school with three nurses, one of whom soon left, and the other two were so well satisfied with themselves that they sailed through their ward work superciliously, and listened to my theoretical lessons with a scarcely veiled smile of pity at the idea of my taking so seriously what appeared to them to be elementary knowledge?

I had not at that time an official position, which made my humiliations all the harder to bear. The revolution took place during my summer holiday, . . . and a new set of doctors was elected, who knew me and upheld my authority. I was now officially accepted as head nurse of—nobody exactly knew what; my position grew of itself, and I have crept up by slow degrees, gaining or losing ground according as I have won or lost the innumerable little battles which I fight every day. . . . My subordinates are the cross of my life, although we are excellent friends, because they do not and never will understand so much as the elements of discipline. . . .

When I returned to Naples in September I found that the Princess S—, the president of the Committee for the Promotion of a Training-School for Nurses, had been busy all the summer publishing articles and getting up subscriptions; the result was that there were fourteen new pupils waiting for me besides the three who had begun in June. Of all these, ten have just passed their junior exams. Lest I be accused of deliberately departing in my system from the time-honored methods of Alma Mater, let me protest that to make any way at all I must insert the thin edge of the wedge and not the thick one. Any other course would most assuredly end in my offending irrevocably the customs and prejudices of the country.

After much discussion among themselves, my suggestions being waived aside, the staff made out a programme of theoretical work. It was decided that there should be an hour's lecture given daily to the nurses by the physicians, the first-year subjects being anatomy, physiology, hygiene, surgical and medical pathology; the second-year subjects, gynaecology and obstetrics, diseases of children, first aid to the injured, diseases of the eye and ear, and dietetics.

On discussing the position of my pupils (Blue Cross nurses) in the hospital, I could not obtain the dismissal of a single one of the existing "servant-nurses." The result is that my pupils' ward work has never been anything but voluntary, for if they do not do up the patients, there is always some one else to do it for them. . . .

My pupils come on duty at eight A.M., coming in from their homes, where-

ever they are. They do ward work and make rounds with the physicians and surgeons until eleven, when the lecture is due. When this is over I go over the lecture notes of the day before with them, explaining the difficult passages. We then return to the wards, and between two and three P.M. the pupils leave the wards and return to their homes. . . .

(To be continued.)

[Miss Baxter, whose account of pioneer work in training pupils of the educated class in hospital work in Italy we hope to give in successive numbers, is a Johns Hopkins graduate, an Englishwoman whose life has been mainly spent in Italy.—Ed.]

A FEW WORDS FROM JAPAN

VISITORS at the New York Hospital a year or two ago could not but be attracted by the charming little Japanese lady, Miss Shidzu Namse, who was studying nursing there. Even her colleagues were astonished at the firmness and breadth of character displayed by this delicate little Oriental as head nurse of a ward. She is now in hospital work at home, and promises us some account of her work. At present Miss Sutcliffe kindly sends us the following extracts from a letter:

“Kobe, Japan.

“ . . . ‘Byoru’ means hospital and ‘Daigaku’ university. This hospital was built since I left home for America. It is going to be the largest in Japan, although there are only two wards furnished just now, each for forty patients, the large ward having four single rooms for serious cases. There are thirty-six nurses now on eight hours’ duty, two night nurses in each ward. We have very nice operating-rooms for big operations and one for minor cases and outside patients. In each operating-room there are three nurses. They are kept very busy. I go around to see the nurses work, look after the cleanliness of the wards, and teach classes bandaging three times a week and general nursing three hours a week. . . .

“SHIDZU.”



EDITOR'S MISCELLANY

DR. MCGEE'S RESIGNATION

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE,

WASHINGTON, November 20, 1900.

To the Surgeon General, U. S. Army, Washington, D. C.

SIR: The experimental and organizing stages of the Army Nurse Corps being now passed, I have the honor to tender my resignation as in charge of that body, and to ask that my work be carried on by another.

I also tender my resignation as Acting Assistant Surgeon, U. S. Army.

I cannot take leave of your office, with which I have been connected for over two and a half years, without expressing in some small degree my pleasure in having been so closely associated with your administration and in having been able to render some little assistance in your very arduous and responsible duties. I wish also to thank you, and through you the officers and clerks in this office, for many courtesies received, the memory of which will remain always with me.

Very respectfully,

ANITA NEWCOMB MCGEE, M.D.,

Acting Assistant Surgeon, U. S. Army, in charge Army Nurse Corps.

WAR DEPARTMENT, SURGEON GENERAL'S OFFICE,

WASHINGTON, November 21, 1900.

Dr. Anita Newcomb McGee, Acting Assistant Surgeon, U. S. Army, in charge Army Nurse Corps, Surgeon General's Office, Washington, D. C.

MADAM: I have the honor to acknowledge the receipt of your letter dated November 20, 1900, in which you tender your resignation as an Acting Assistant Surgeon, U. S. Army, in charge of the Army Nurse Corps.

In accepting your resignation I desire to express to you my high appreciation of the valuable services you have rendered during the past two years and a half in selecting trained female nurses for duty at our field and general hospitals wherever their assistance has been necessary, and in organizing the "Army Nurse Corps" upon a satisfactory basis. You have shown excellent judgment and executive ability, and have labored zealously both in the interests of the nurses and of the Government. Your contract will be annulled December 31, 1900.

Very respectfully,

(Signed) GEO. M. STERNBERG,

Surgeon General, U. S. Army.

A NEW BOOK ON MASSAGE

A FORTHCOMING manual on massage is designed for use in hospital training-schools, and also as a preparatory text-book for the more advanced instruction required in the study of mechano-therapy as a specialty.

The writer, Miss Helen C. Bartlett, is a nurse of experience, a graduate of the Johns Hopkins Hospital Training-School for Nurses and of the Orthopædic Hospital School of Massage. She has also pursued post-graduate courses of study in the Swedish system of mechano-therapy and special courses in anatomy and physiology, and is a practitioner in mechano-therapy of several years' standing and instructor in massage in the Johns Hopkins Hospital Training-School for Nurses.

The more distinctive feature of the book will be its eminently practical point of view. From a theoretical stand-point it will be introductory, but in no respect will essential data be omitted, condensation being gained by a very careful and comprehensive classification.

In descriptions of manipulation, practical suggestions, etc., greater detail will be employed, since, while it is forcibly urged that no delineation of manual processes, however complete, can obviate the necessity of demonstration, it is contended that to constitute a trustworthy working basis, and to maintain a standard of technic for subsequent reference, such descriptions, while concise, should be strictly unabridged.

What other writers, therefore, have accomplished in the province of gymnastics will be, for the first time, achieved in relation to massage. The system of massage which is used is that of the Orthopædic School in Philadelphia, doubtless more widely known as the American School, or as that system of massage endorsed by Dr. S. Weir Mitchell. But, inasmuch as the fundamental groundwork of this science, in practice as well as in theory, is in all systems the same, to students of any system this manual will undoubtedly prove valuable.

Further practical aid to students will be furnished in the illustrations, which will be liberally used to accompany descriptions of manipulation.

In conclusion, it is the author's intention to add a carefully compiled selection of Swedish medical gymnastics, introducing some new methods of application.

M. A. NUTTING.

DEAR EDITOR: Will you kindly help out an inquirer? Suppose a nurse has to leave a contagious case before the general disinfection has taken place, how can she thoroughly disinfect herself and her belongings in her boarding-house room where fumigation is impossible?

I want to thank you for that exceedingly helpful diet-list published this month. Some definite rules for disinfection would be equally gratefully received by your readers, I am sure.

X. Y. Z.



CHANGES IN THE ARMY NURSE CORPS

CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING DECEMBER 12, 1900

ABEL, ROSE E., transferred from Post Hospital, Fort Myer, Virginia, to United States Army General Hospital, San Francisco, December 8.

Annan, Lucy S., transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, Philippine Islands. Reported October 5.

Armstrong, Grace, left First Reserve Hospital, Manila, October 17, for duty at Iloilo, Philippine Islands.

Barnes, Susan Hilda, left Second Division Base Hospital, Dagupan, October 13, for duty at Iloilo, Philippine Islands.

Bartholomew, Annie Morse, recently appointed for duty in the Philippines, assigned to duty at the Santa Mesa Hospital, Manila, October 4.

Brady, Genevieve M., nurse, United States Army General Hospital, San Francisco, contract annulled November 3.

Brock, Sarah A., nurse, First Reserve Hospital, Manila, contract annulled on account of ill-health.

Bunting, Laura B., recently appointed for duty in the Philippines, assigned to the Second Reserve Hospital, Manila, October 4.

Campin, Mary L., transferred from the First Reserve Hospital to the Second Reserve Hospital, Manila, October 11.

Deasy, Mary, transferred from duty at the First Reserve Hospital, Manila, to Lucena, Luzon, Philippine Islands, October 19.

Doyle, Marcella, left First Reserve Hospital, Manila, October 15, en route to her home for annulment of contract.

Duckworth, Lottie B., sailed from San Francisco, November 16, on transport Sheridan en route to Philippine Islands.

Edmunds, Jennie S., nurse, reported at the United States Army General Hospital, San Francisco, from transport duty, November 17, and sailed on Meade, December 1, on return voyage to the Philippines.

Gemmill, Sarah M., nurse, Fort Myer, Virginia, contract annulled November 29.

Gillette, Alice M., nurse, transferred from Cabana Barracks, Havana, to Hamilton Barracks, Matanzas, Cuba, and promoted to be chief nurse at the latter place, November 16.

Hall, Mary B., transferred from the Second Reserve Hospital, Manila, to the Santa Mesa Hospital, October 1.

Harrison, Mary A., recently appointed for duty in the Philippines, and assigned to the Santa Mesa Hospital, Manila, October 4.

Holmes, May Rose, chief nurse, Hamilton Barracks, Cuba, transferred to Cabana Barracks as nurse.

Kelly, Lucy S., transferred from United States Army General Hospital, San Francisco, to duty in the Philippines. Sailed on Meade December 1.

Kinney, Mrs. Dita H., chief nurse, Fort Bayard, New Mexico, contract annulled November 17.

Klein, Amelia P., transferred from the First Reserve Hospital, Manila, to the Convalescent Hospital, Corregidor Island, Philippine Islands, October 5.

Lindley, Laura L., transferred from the First Reserve Hospital, Manila, to Dagupan, Philippine Islands, October 23.

McKinley, Eliza, left Santa Mesa, Manila, October 14, to return home for annulment of contract.

Macrae, Mary E., left First Reserve Hospital, Manila, October 23 for duty at Calamba, Philippine Islands.

Mahlum, Helene, sailed December 1 on transport Meade en route to Honolulu, where she will be on leave without pay for thirty days, after the expiration of which she will proceed to Manila for duty.

Mann, Mrs. Emilyn P., transferred from the Military Hospital at Aparri on Luzon to the Second Reserve Hospital, Manila, October 17.

Moore, Marie E., reported at the United States Army General Hospital, San Francisco, from transport duty en route from Manila, and is under orders to return to the Philippines December 15.

Morrison, Henrietta C., nurse on transport duty from the Philippines, reported at the United States Army General Hospital, San Francisco, December 1, and is under orders to return to the Philippine Islands.

Murrin, Maude G., transferred from the First Reserve Hospital, Manila, to Dagupan, Philippine Islands, October 23.

Rice, Margaret Van Schaick, recently appointed for duty in the Philippine Islands, assigned to Santa Mesa Hospital, Manila.

Rist, Ella, left United States Army General Hospital, San Francisco, November 16 and sailed on transport Sheridan en route to Philippine Islands for duty.

Salter, Marguerete, nurse, United States Army General Hospital,

San Francisco, transferred to Fort Bayard, New Mexico, as chief nurse. Reported November 12.

Tait, Elizabeth E., transferred from Second Reserve Hospital, Manila, to Iloilo, Philippine Islands.

Talcott, Mary B., transferred from Second Reserve Hospital, Manila, to Santa Mesa October 1.

Trenholm, Eva, transferred from First Reserve Hospital, Manila, to Second Reserve Hospital November 1.

Weinberg, Else, transferred from Lucena, Philippine Islands, to the United States Army General Hospital, San Francisco, California. Reported for duty December 1.

Wever, Mary E. (Mrs.), nurse, United States Army General Hospital, San Francisco, contract annulled November 15.

Yeamans, Laura Ettie, transferred from the Second Reserve Hospital to the Santa Mesa Hospital, Manila, October 2.

HOSPITAL GUILD

AN organization of the Nurses of the Pennsylvania Hospital was started last spring with the title, "The Guild of St. Bartholomew." The object was twofold,—religious and social. The guild adopted a rule of life, based on St. Matthew xxii. 37: "Thou shalt love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind."

Under its auspices prayers are held every morning at seven o'clock for day nurses and at eight-thirty for night nurses. A regular monthly meeting is held for the transaction of business and for the reading and discussion of some article or book religious in its nature. Every three months the members are invited to a social meeting, each class in turn providing the entertainment for the occasion. These evenings are always enjoyable, and often novel in the nature of the entertainment.

On leaving the training-school the nurses continue their membership, and if unable to be present at the meeting send written greetings.

The Guild has been most helpful to many of its members, and every month sees an increase in the spirit of active interest evinced by them. There is a large membership.



THE EDITOR

THE first year of the new century promises to mark an era in the history of the nursing profession.

We look back to the Nursing Congress held in Chicago in 1893 as having given the impetus from which our organizations have developed. The "Superintendents' Society" was the direct outcome of that meeting, then followed the local *alumnæ* associations, and finally the national "Associated *Alumnæ* of Trained Nurses," while the suggestion which has resulted in the establishment of the course in "Hospital Economics" was also made at that time.

Previous to that time each training-school had worked independently of every other and each individual nurse had, as it were, stood alone, her attitude towards graduates of other schools being one of antagonism rather than friendliness. To-day our leading schools are conducted on practically a uniform standard, the nurses throughout the country have for each other strong professional sympathy, and our societies are sufficiently well organized for us to become a part of that great army of women who are striving for ethical progress.

It has seemed fitting to wait until the beginning of the year to make mention of the many promises of growth offered by the movements that we, as a profession, are making towards still higher organization and greater unity.

The cordial and hopeful feelings with which we have regarded all these movements have been restrained until now, when the unfolding of our plans has reached the first stage of definite accomplishment. The affiliation of our two national societies, now agreed on and only needing a final step of technicality to complete it, means that we have definitely and openly allied ourselves in our own country with the "National Council of Women" (a body so well described, we think, by the auxiliary title of the National Council in England,—viz., "The National Union of Women Workers"), gaining at one stroke an enormously larger platform on which to present our questions, with equally larger audiences before whom to make our needs and wishes known. In return, we must stand ready to give freely of our special

gifts, of work, and of service, and to do our part in whatever may be useful for the general welfare.

IN assisting in the formation and building up of an "International Council of Nurses" we have an important place to fill. As American women, we have only to consider the harmony and co-operation of our own members in order to take what action we please, while in other countries there are political and social conditions which preclude nurses from independent organized effort. Our greater personal freedom in a way imposes upon us broader responsibilities in an affiliation of this kind. We shall be brought into world-wide communication with our fellow-nurses, and from letters received already from abroad we realize that nurses in other countries are watching our movements, not only with interest, but with the hope of being able to follow in our footsteps.

The meeting of the "International Council of Nurses," which will be a part of the Nursing Congress to be held in Buffalo in September, will give us the opportunity of welcoming and entertaining nurses from many lands. It will be an event of rare pleasure, and an occasion for the extension of our most cordial hospitality.

This second congress will be a deeply interesting occasion for judging it by the first one held in Chicago. It will prove an impetus for rapid development in the future of the various lines of work which have been commenced during these less than eight years of organized effort. Such a congress means an immense amount of hard labor for many people. The "Buffalo Nurses' Club" is taking the initiative, and the "Superintendents' Society," the "Associated Alumnae," and the American members of the "International Council of Nurses" are co-operating with them to make the occasion one of interest and success.

THE movement towards State organization in New York is of the most vital importance to the profession at large. This is an effort to establish a recognized status of education for the trained nurse of the future. The nurses of New York State, who are taking the initiatory steps for this end, will be an example, not only to other States, but to nurses in other countries, and their work should be done slowly and carefully, with the greatest forethought and self-control. It is a subject that concerns every trained nurse resident in the State, man or woman, who holds a diploma from a reputable training-school in any part of the world. The committee which is making the preliminary plans for a general meeting has been canvassing the State, and will undoubtedly issue a general call for a meeting to be held in Albany during the

winter, so that the result of its first effort will be known when the Congress of Nurses takes place in Buffalo.

DR. MCGEE's letter to the Surgeon-General, resigning her position as acting assistant surgeon, U. S. A., in charge of the Army Nurse Corps, is given in the "Miscellany," with the Surgeon-General's reply.

The spirit of American patriotism which carried Dr. McGee into the work, and prompted her to give four months of hard, gratuitous service to the government at a time of great national calamity, will make her name live in history.

The appointment of Mrs. Dita H. Kinney to succeed Dr. McGee in charge of the Army Nurse Corps was confirmed by the Secretary of War on November 30. Mrs. Kinney is a graduate of the Massachusetts General Hospital Training-School, of 1892. She is a woman of ability and experience in both civil and military hospitals, and the selection seems most judicious.

The position of acting assistant surgeon, created for Dr. McGee, will be abolished, and just what honors will go with the position in the future remains to be seen.

WHAT seems to us by far the most progressive recognition yet accorded trained nurses is contained in Miss Honnor Morten's very interesting account of the work of the nurse in the London schools. Political and official appreciation of such service stands back of the movement, giving a double significance to the work. We congratulate Miss Morten on what she has accomplished for the London child and the profession.

WE hope the little paper entitled "The Small Hospital and the Training-School" will call out some practical suggestions from our readers. It is a subject that has been much discussed, but no really satisfactory solution of the problem has yet been reached.

THE letter signed "X. Y. Z.," asking how a nurse can disinfect herself and her belongings in a boarding-house room, should bring out much valuable information from nurses in private practice who can speak from actual experience.

We hope to arrange for papers on disinfection from the institutional, municipal, and domestic stand-point, to appear later in the year, but the answer to this letter can only come from the women who are frequently called upon to meet a similar situation.

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